

<b>Case Number:</b>	CM15-0205197		
<b>Date Assigned:</b>	10/22/2015	<b>Date of Injury:</b>	07/14/2011
<b>Decision Date:</b>	12/28/2015	<b>UR Denial Date:</b>	09/22/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/20/2015

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: Washington, California

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 40-year-old female who sustained an industrial injury on 7-14-2011 and has been treated for lumbago, joint dysfunction, and trochanteric bursitis. Treatment has included ice, medial branch block, sacroiliac steroid injection, home exercise, and medication. Urine drug screens performed 4-27-2015, 6-1-2015 and 6-30-2015 were not consistent with the prescribed medications. No pain contract or description of drug-seeking behaviors was documented in the records provided for review. In the most recent office note, on 6-1-2015, the injured worker reported continued pain in neck and right hip. The pain was rated at 9 out of 10 with medication which included Flexeril, morphine and Ibuprofen. She also complained of insomnia, fatigue, anxiety and depression. There was no documentation related to sleep habits or hygiene. The injured worker was prescribed Sonata since at least 1-2015 and prescribed Zofran and Ativan since at least 3-2015 but rationale or response to treatment was not provided as of this note. Objective examination revealed cervical spine tenderness and decrease range of motion, and lumbar spine tenderness at facet joint with decreased flexion, extension, and lateral bending. Motor exams of upper and lower extremities were normal and mental health exam was normal. A request was submitted 9-18-2015 for Oxycodone 15 mg #180; Ativan 1 mg #90; Zofran 8 mg #90; and, Ambien 10 mg #30. These were non-certified on 9-22-2015.

### IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

**Oxycodone 15mg, #180: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use, Opioids for chronic pain, Weaning of Medications.

**MAXIMUS guideline:** Decision based on MTUS General Approaches 2004, Section(s): Initial Approaches to Treatment, and Chronic Pain Medical Treatment 2009, Section(s): Medications for chronic pain, Opioids (Classification), Opioids, California Controlled Substance Utilization Review and Evaluation System (CURES) [DWC], Opioids, criteria for use, Opioids for chronic pain, Opioids for neuropathic pain, Opioids for osteoarthritis, Opioids, cancer pain vs. nonmalignant pain, Opioids, dealing with misuse & addiction, Opioids, differentiation: dependence & addiction, Opioids, dosing, Opioids, indicators for addiction, Opioids, dosing, Opioids, indicators for addiction, Opioids, long-term assessment, Opioids, pain treatment agreement, Opioids, psychological intervention, Opioids, screening for risk of addiction (tests), Opioids, specific drug list, Opioids, steps to avoid misuse/addiction, Opioid hyperalgesia, Oral morphine.

**Decision rationale:** Oxycodone (OxyContin) is a semi synthetic opioid indicated for treatment of moderate to severe pain and is available in immediate release and controlled release forms. According to the MTUS opioid therapy for control of chronic neuropathic pain, while not considered first line therapy, is considered a viable alternative when other modalities have been tried and failed. When treating moderate to severe nociceptive pain, defined as non-radicular pain caused by continual injury, the MTUS considers opioid therapy to be the standard of care. If treating chronic low back pain, opioids effectiveness is limited to short-term pain relief (up to 16 weeks) as there is no evidence of long-term effectiveness. It is known that long-term use of opioids is associated with hyperalgesia and tolerance. Success of opioid therapy is noted when there is significant improvement in pain or function. The risk with this therapy is the development of addiction, overdose and death. The pain guidelines in the MTUS directly address this issue and have outlined criteria for monitoring patients to allow for safe use of chronic opioid therapy. At this point in the care of this patient the safe use of chronic opioid therapy is at question. There is no documentation of a patient opioid use contract, comments on side effects from opioid therapies or addressing the repeated abnormal urine drug screens for aberrant drug use. The safe use of chronic opioid therapy should have this documentation. Medical necessity for the continued safe use of this medication has not been established. The request is not medically necessary.

**Ativan 1mg, #90: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Benzodiazepines.

**MAXIMUS guideline:** Decision based on MTUS Stress-Related Conditions 2004, Section(s): Models and Definitions, Treatment, and Chronic Pain Medical Treatment 2009, Section(s): Benzodiazepines, Weaning of Medications. Decision based on Non-MTUS Citation American Psychiatric Association. Practice Guideline for the Treatment of Patients With Major Depressive Disorder, Third Edition, originally published in October 2010.

**Decision rationale:** Ativan (lorazepam) is a benzodiazepine and indicated for short-term use as a sedative-hypnotic, anxiolytic, anticonvulsant and muscle relaxant. Long-term efficacy is

unproven and tolerance to its effectiveness occurs quickly. The MTUS does not recommend its use for long-term therapy. However, if used for longer than 2 weeks, tapering is required when stopping this medication, as the risk of dangerous withdrawal symptoms is significant. The American Psychiatric Association Practice Guideline also notes little evidence to support long-term use of benzodiazepines for anxiety. This patient has taking this medication for over 2 months for its anxiolytic effect. Continued use is not indicated. Because of the danger from withdrawal, as noted above, consideration should be given to continuing this medication long enough to allow safe tapering. Medical necessity has not been established. The request is not medically necessary.

**Zofran 8mg, #90:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain (Chronic): Antiemetics (for opioid nausea).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic) / Antiemetics (for opioid nausea) and Other Medical Treatment Guidelines Swegle JM1, Logemann C. Management of common opioid-induced adverse effects. *Am Fam Physician*. 2006 Oct 15; 74(8):1347-54.

**Decision rationale:** Ondansetron (Zofran), is a serotonin 5-HT<sub>3</sub> receptor antagonist used to prevent nausea and vomiting caused by cancer chemotherapy, radiation therapy, and surgery. There are no clinical practice guidelines that direct chronic opioid-induced nausea therapy although nausea and vomiting are known side-effects from opioid therapy. Peer review publications recommend treating opioid-induced nausea and vomiting with intermittent anti-psychotic, prokinetic agent, or serotonin antagonist medications. There is no indication for chronic antiemetic therapy in this patient. Medical necessity has not been established. The request is not medically necessary.

**Ambien 10mg, #30:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain (Chronic): Insomnia treatment.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation 1) Schutte-Rodin S, et al. Clinical Guideline for the Evaluation and Management of Chronic Insomnia in Adults. *J Clin Sleep Med* 2008;4(5):487-5042) American Psychiatric Association Practice Guideline for the Treatment of Patients With Major Depressive Disorder, Third Edition, originally published in October 2010.

**Decision rationale:** Zolpidem (Ambien, Ambien CR) is a short-acting, selective gamma-aminobutyric acid (GABA) receptor agonist medication. It is indicated for short-term (usually about two to six weeks) treatment of insomnia. It is very effective in initiating sleep but has not

adequately demonstrated effectiveness in maintaining sleep, unless delivered in a controlled-release (CR) form. Long-term use of zolpidem is associated with drug tolerance, drug dependence, rebound insomnia, and CNS-related adverse effects. Insomnia is defined by the American Academy of Sleep Medicine (AASM) as the subjective perception of difficulty with sleep initiation, duration, consolidation, or quality that occurs despite adequate opportunity for sleep, and that results in some form of daytime impairment. It is the most prevalent sleep disorder in the general population. It requires a full work-up to understand its etiology and to direct therapy. The AASM guideline recommends any pharmacologic treatment for chronic insomnia be accompanied by cognitive and behavioral treatments. Additionally, it recommends use of benzodiazepines or GABA receptor agonist medications be used short term followed by other sedating agents such as sedating antidepressants and atypical antipsychotics. The American Psychiatric Association guidelines notes less evidence available to support treating insomnia in a depressed patient with a selective GABA agonist. This patient has been taking GABA receptor agonist sleep agents for longer than 6 weeks and is still experiencing insomnia. A full evaluation for the etiology for her chronic insomnia has not been done. There is no indication at present for continued chronic use of GABA receptor agonist medications in this patient. Medical necessity for use of this medication has not been established. The request is not medically necessary.