

Case Number:	CM15-0023025		
Date Assigned:	02/12/2015	Date of Injury:	01/28/1998
Decision Date:	04/06/2015	UR Denial Date:	01/29/2015
Priority:	Standard	Application Received:	02/06/2015

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: California, Arizona
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 57-year-old male who reported injury on 01/28/1998. The mechanism of injury occurred while moving boxes of books and supplies. His relevant diagnoses included chronic pain syndrome; degenerative disc disease; chronic low back pain; rule out failed back surgery, lumbar; lumbago; neurotic depression; and insomnia. His past treatments include medications, and injections. On 02/11/2015, the injured worker complained of bilateral back pain, with an average pain rating of 6/10 with medications and an 8/10 to 10/10 without medications. The documentation indicated the injured worker had complaints of constipation. Relevant medications were noted to include MS Contin 100 mg, Norco 10/325 mg, alprazolam 1 mg, Wellbutrin 300 mg, and Lidoderm 5% patch. The treatment plan included Ambien, Xanax, Norco, and MS Contin, with a re-evaluation in 2 weeks. A Request for Authorization form was not submitted for review. The urine drug screen performed on 12/19/2014 revealed the injured worker was positive for benzodiazepines, opioids, and negative for all other substances.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ambien10mg #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.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for chronic pain Page(s): 13-16.

Decision rationale: The request for Ambien 10 mg #30 is not medically necessary. According to the California MTUS Guidelines, patients on Antidepressants should have an assessment of treatment efficacy should include not only pain outcomes, but also an evaluation of function, changes in use of other analgesic medication, sleep quality and duration, and psychological assessment. Side effects, including excessive sedation (especially that which would affect work performance) should be assessed. The injured worker was indicated to have been on Ambien for complaints of insomnia. However, there was a lack of documentation the injured worker had a psychiatric assessment for anxiety and depression. There was also a lack of documentation to indicate the injured worker had diabetic neuropathy or fibromyalgia to indicate medical necessity for the use of Ambien. There was also lack of a treatment assessment to determine an efficacy to include an evaluation for changes in use of analgesic medication, sleep quality and duration, side effects, and a psychological assessment with medication use. Based on the absence of the above, the request is not supported by the evidence based guidelines. As such, the request is not medically necessary.

Alprazolam 1 mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 23.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24.

Decision rationale: The request for alprazolam 1 mg #30 is not medically necessary. The California MTUS Guidelines states benzodiazepines are not recommended for long-term use because long-term efficacy is unproven and there is a risk of dependence. The guidelines also state this medication should be limited to 4 weeks of use. The injured worker was indicated to have been on alprazolam for an unspecified duration of time. However, there was a lack of documentation to determine the duration of use. Furthermore, the guidelines do not recommend the use of benzodiazepines, as there is unproven efficacy and there is an increased risk of dependence. Based on the above, the request is not supported by the evidence based guidelines. As such, the request is not medically necessary.

Norco10/325mg tab #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 80.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines On-going management Page(s): 78.

Decision rationale: The request for Norco 10/325 mg tab #90 is not medically necessary. According to the California MTUS Guidelines, ongoing monitoring of chronic pain patients on opioids: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or nonadherent) drug-related behaviors. The injured worker was indicated to have been on Norco for an unspecified duration of time. However, there was a lack of documentation in regard to objective functional improvement, an objective decrease in pain, and evidence of monitoring for side effects. Based on the above, the request is not supported by the evidence based guidelines. As such, the request is not medically necessary.

Ms Contin Tab 100mg CR, # 120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines On-going management Page(s): 78.

Decision rationale: The request for MS Contin tab 100 mg CR #120 is not medically necessary. According to the California MTUS Guidelines, ongoing monitoring of chronic pain patients on opioids: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or nonadherent) drug-related behaviors. The injured worker was indicated to have been on MS Contin for an unspecified duration of time. However, there was a lack of documentation in regard to objective functional improvement, an objective decrease in pain, and evidence of monitoring for side effects. Based on the above, the request is not supported by the evidence based guidelines. As such, the request is not medically necessary.