

Case Number:	CM15-0026429		
Date Assigned:	02/18/2015	Date of Injury:	11/21/1983
Decision Date:	04/22/2015	UR Denial Date:	02/05/2015
Priority:	Standard	Application Received:	02/11/2015

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: Pennsylvania

Certification(s)/Specialty: Internal Medicine, Hospice & Palliative 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 60-year-old male, who sustained an industrial injury on 11/21/83. The injured worker has complaints of back pain. The diagnoses have included postlaminectomy syndrome, cervical region. Treatment to date has included five cervical spine surgeries; physical therapy; Botox and medications. He refuses any form of intervention like dorsal column stimulation or an intrathecal pump because he feels it will make him worse. According to the utilization review performed on 2/5/15, the requested Exalgo 16mg #60, Oxycodone 3mg #80, Ambien 1mg #45 and Subsys 1600mg #147 has been non-certified. The documentation noted on the utilization review that a previous denial (1/20/15) notes that a weaning supply was already given on these medication requests and no additional weaning should be needed. California Medical Treatment Utilization Schedule (MTUS), 9792.24.2 Chronic Pain Medical Treatment Guidelines, California Code of Regulations, Title 8, Effective July 18, 2009 were used in the utilization review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Exalgo 16mg # 60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Weaning of Medications Page(s): 74-95, page 124.

Decision rationale: Exalgo (hydromorphone) is a long-acting medication in the opioid class. The MTUS Guidelines stress the lowest possible dose of opioid medications should be prescribed to improve pain and function, and monitoring of outcomes over time should affect treatment decisions. The Guidelines recommend that the total opioid daily dose should be lower than 120mg oral morphine equivalents. Documentation of pain assessments should include the current pain intensity, the lowest intensity of pain since the last assessment, the average pain intensity, pain intensity after taking the opioid medication, the amount of time it takes to achieve pain relief after taking the opioid medication, and the length of time the pain relief lasts. Acceptable results include improved function, decreased pain, and/or improved quality of life. The MTUS Guidelines recommend opioids be continued when the worker has returned to work and if the worker has improved function and pain control. When these criteria are not met, a slow individualized taper of medication is recommended to avoid withdrawal symptoms. The submitted and reviewed records suggested the worker was experiencing pain in the neck, but the recent documentation was vague. The documented pain assessments were minimal and included few of the elements encouraged by the Guidelines. There was no recent description of the quality of the pain or how the pain intensity changed with the different medications and other treatments, report detailing improved function with the specific medications, or documented individualized risk assessment. There also was no discussion describing the reason the worker required several different opioid medications at the same time and totaling doses far above that supported by the Guidelines or detailing special circumstances that sufficiently supported this request. In the absence of such evidence, the current request for sixty tablets of Exalgo (hydromorphone) 16mg is not medically necessary. Because the potentially serious risks outweigh the benefits in this situation based on the submitted documentation, an individualized taper should be completed with the medication the worker has available. The request is not medically necessary.

Oxycodone 3mg # 80: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Weaning of Medications Page(s): 74-95, page 124.

Decision rationale: Oxycodone is a medication in the opioid class. The MTUS Guidelines stress the lowest possible dose of opioid medications should be prescribed to improve pain and function, and monitoring of outcomes over time should affect treatment decisions. The Guidelines recommend that the total opioid daily dose should be lower than 120mg oral morphine equivalents. Documentation of pain assessments should include the current pain intensity, the lowest intensity of pain since the last assessment, the average pain intensity, pain intensity after taking the opioid medication, the amount of time it takes to achieve pain relief after taking the opioid medication, and the length of time the pain relief lasts. Acceptable results

include improved function, decreased pain, and/or improved quality of life. The MTUS Guidelines recommend opioids be continued when the worker has returned to work and if the worker has improved function and pain control. When these criteria are not met, a slow individualized taper of medication is recommended to avoid withdrawal symptoms. The submitted documentation indicated the worker was experiencing pain in the neck, but the recent documentation was vague. The documented pain assessments were minimal and included few of the elements encouraged by the Guidelines. There was no recent description of the quality of the pain or how the pain intensity changed with the different medications and other treatments, report detailing improved function with the specific medications, or documented individualized risk assessment. There also was no discussion describing the reason the worker required several different opioid medications at the same time and totaling doses far above that supported by the Guidelines or detailing special circumstances that sufficiently supported this request. In the absence of such evidence, the current request for 80 tablets of oxycodone 30mg is not medically necessary. Because the potentially serious risks outweigh the benefits in this situation based on the submitted documentation, an individualized taper should be able to be completed with the medication the worker has available. The request is not medically necessary.

Ambien 1mg # 45: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Schutte-Rodin S, et al. Clinical guideline for the evaluation and management of chronic insomnia in adults. *J Clin Sleep Med.* Oct 15 2008; 4 (5): 487-504. (American Academy of Sleep Medicine (AASM) Guideline). Chawla J, et al. Reference; Topic Insomnia, Medscape. <http://emedicine.medscape.com/article/1187829->.

Decision rationale: Ambien (zolpidem tartrate) is a medication used to treat some sleep problems. The MTUS Guidelines are silent on this issue in this clinical situation. The 2008 AASM Guideline and the literature stress the importance of a thorough history in order to establish the type and evolution of insomnia, perpetuating factors, and pertinent concurrent issues. Monitoring data from a sleep diary before and during active treatment is strongly encouraged. Treatment goals should be aimed at improving both the quality and quantity of sleep as well as decreasing daytime impairments. Initial treatment should include at least one behavioral intervention, and all patients should adhere to rules of good sleep hygiene in combination with other therapies. When long-term treatment with medication is needed, consistent follow up, ongoing assessments of benefit, monitoring for adverse effects, and evaluation of new or exacerbative issues should occur. Ambien (zolpidem) is indicated for short-term treatment of insomnia in which initially falling asleep has become challenging. It is not approved for long-term use. The submitted and reviewed records did not detail when, but the worker had been taking it for at least several months. There was no documented sleep assessment containing the majority of the elements recommended by the literature, mention of a trial of behavioral intervention, or description of benefit with the use of this medication. In the absence of such evidence, the current request for forty-five tablets of Ambien (zolpidem tartrate)

10mg is not medically necessary. While the Guidelines support the use of an individualized taper to avoid withdrawal effects, the risks of continued use significantly outweigh the benefits in this setting based on the submitted documentation, and a wean should be able to be completed with the medication available to the worker. The request is not medically necessary.

Subsys 1600mg #147: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Weaning of Medications Page(s): 74-95, page 124.

Decision rationale: Subsys (fentanyl spray) is a medication in the opioid class. The MTUS Guidelines stress the lowest possible dose of opioid medications should be prescribed to improve pain and function, and active monitoring of outcomes over time should affect treatment decisions. The Guidelines recommend that the total opioid daily dose should be lower than 120mg oral morphine equivalents. Documentation of pain assessments should include the current pain intensity, the lowest intensity of pain since the last assessment, the average pain intensity, pain intensity after taking the opioid medication, the amount of time it takes to achieve pain relief after taking the opioid medication, the frequency medications are used, and the length of time the pain relief lasts. Acceptable results include improved function, decreased pain, and/or improved quality of life. The MTUS Guidelines recommend opioids be continued when the worker has returned to work and if the worker has improved function and pain control. When these criteria are not met, an individualized taper of medication is recommended to avoid withdrawal symptoms. The submitted and reviewed documentation indicated the worker was experiencing pain in the neck, but the recent documentation was vague. The documented pain assessments were minimal and included few of the elements encouraged by the Guidelines. There was no recent description of the quality of the pain or how the pain intensity changed with the different medications and other treatments, report detailing improved function with the specific medications, or documented individualized risk assessment. There also was no discussion describing the reason the worker required several different opioid medications at the same time and totaling doses far above that supported by the Guidelines or detailing special circumstances that sufficiently supported this request. There was no discussion explaining the worker's need for such a high dose of opioid medication. In the absence of such evidence, the current request for 147 doses of Subsys (fentanyl spray) 1600mg is not medically necessary. Because the potentially serious risks outweigh the benefits based on the submitted documentation, an individualized taper should be able to be completed with the medication the worker has available. The request is not medically necessary.