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| Case Number: | CM15-0030458 | | |
| Date Assigned: | 02/24/2015 | Date of Injury: | 05/25/2001 |
| Decision Date: | 04/14/2015 | UR Denial Date: | 02/02/2015 |
| Priority: | Standard | Application Received: | 02/19/2015 |

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

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:

This 68-year-old male sustained a work related injury on 05/25/2001. According to a progress report dated 01/22/2015, the injured worker complained of sharp, stabbing pain, stiffness, weakness, numbness, paresthesia and generalized discomfort in both knees and both shoulders. The injured worker had secondary lumbosacral spine pain, stiffness, weakness and discomfort. The injured worker only had a good and partial response to treatment. Diagnoses included bilateral knee internal derangement with medical meniscal tears, status post left knee arthroscopic surgical procedure, left knee replacement surgery, status post right knee arthroscopic surgical procedure, right knee replacement surgery, associated femoral neuropathies, knee injuries contributing and causing a deterioration of lumbosacral spinal function with strain-sprain disorder and radiculopathy, bilateral rotator cuff syndromes status post arthroscopic procedures with bilateral suprascapular neuropathies, stress microfractures of the feet bilaterally with secondary widely based antalgic gait affecting both feet and both knees, complex regional pain disorder right upper and right lower, status post bilateral knees total knee replacement surgeries and chronic pain syndrome with idiopathic insomnia. Treatment plan included OxyContin and Norco. The injured worker was temporarily totally disabled until April 15, 2015. On 02/02/2015, Utilization Review non-certified Hydrocodone/Apap 10/325 quantity 120, Oxycontin 40mg (CR) controlled release tablets quantity 120 and Zolpidem tablets 10mg quantity 45. In regard to the Hydrocodone/Apap and Oxycontin CR, there was no explicit documentation of functional improvement from continued use of these medications. CA Chronic Pain Medical Treatment Guidelines page 80 were referenced. In regard to Zolpidem, there were

no results of sleep behavior modification attempts or documentation of failed trials of other guideline-supported treatments, such as Lunesta. Official Disability Guidelines, Chronic Pain was referenced. The decision was appealed for an Independent Medical Review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydrocodone/Apap 10/325mg Quantity 120: Upheld

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

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

Decision rationale: The MTUS Guidelines do not recommend the use of opioid pain medications, in general, for the management of chronic pain. There is guidance for the rare instance where opioids are needed in maintenance therapy, but the emphasis should remain on non-opioid pain medications and active therapy. Long-term use may be appropriate if the patient is showing measurable functional improvement and reduction in pain in the absence of non-compliance. Functional improvement is defined by either significant improvement in activities of daily living or a reduction in work restriction as measured during the history and physical exam. The medical records do not indicate that the injured worker is experiencing significant pain reduction and associated objective functional improvement with the chronic use of opioid pain medications. Urine drug screen report dated 1/29/2015 identified inconsistent results. Other than using urine drug screen, the medical records do not provide an assessment of aberrant drug behavior, and there is not an assessment of these inconsistent results provided. It is not recommended to discontinue opioid treatment abruptly, as weaning of medications is necessary to avoid withdrawal symptoms when opioids have been used chronically. This request however is not for a weaning treatment, but to continue treatment. The request for Hydrocodone/Apap 10/325mg Quantity 120 is determined to not be medically necessary.

Oxycontin 40mg Controlled release tablets Quantity 120: Upheld

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

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

Decision rationale: The MTUS Guidelines do not recommend the use of opioid pain medications, in general, for the management of chronic pain. There is guidance for the rare instance where opioids are needed in maintenance therapy, but the emphasis should remain on non-opioid pain medications and active therapy. Long-term use may be appropriate if the patient is showing measurable functional improvement and reduction in pain in the absence of non-compliance. Functional improvement is defined by either significant improvement in activities of

daily living or a reduction in work restriction as measured during the history and physical exam. The medical records do not indicate that the injured worker is experiencing significant pain reduction and associated objective functional improvement with the chronic use of opioid pain medications. Urine drug screen report dated 1/29/2015 identified inconsistent results. Other than using urine drug screen, the medical records do not provide an assessment of aberrant drug behavior, and there is not an assessment of these inconsistent results provided. It is not recommended to discontinue opioid treatment abruptly, as weaning of medications is necessary to avoid withdrawal symptoms when opioids have been used chronically. This request however is not for a weaning treatment, but to continue treatment. The request for Oxycontin 40mg Controlled release tablets Quantity 120 is determined to not be medically necessary.

Zolpidem tablets 10mg quantity 45: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter, Insomnia section.

Decision rationale: The MTUS Guidelines do not address the use of zolpidem. Per the Official Disability Guidelines, pharmacological agents should only be used for insomnia management after careful evaluation of potential causes of sleep disturbance. Failure of sleep disturbance to resolve in a 7 to 10 day period may indicate a psychiatric and/or medical illness. Primary insomnia is generally addressed pharmacologically whereas secondary insomnia may be treated with pharmacological and/or psychological measures. Zolpidem reduces sleep latency and is indicated for the short-term treatment (7-10 days) of insomnia with difficulty of sleep onset and/or sleep maintenance. Adults who use zolpidem have a greater than 3-fold increased risk for early death. Due to adverse effects, FDA now requires lower doses for zolpidem. The medical records do not address the timeline of the insomnia or evaluation for the causes of the insomnia. The medical records do not indicate that non-pharmacological modalities such as cognitive behavioral therapy or addressing sleep hygiene practices prior to utilizing a pharmacological sleep aid.