

<b>Case Number:</b>	CM15-0031803		
<b>Date Assigned:</b>	02/25/2015	<b>Date of Injury:</b>	12/16/1994
<b>Decision Date:</b>	04/14/2015	<b>UR Denial Date:</b>	02/05/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	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: Internal 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 year old female injured worker suffered and industrial injury on 12/16/1994. The diagnoses were depression, chronic pain syndrome and right total knee arthroplasty. The treatments were physical therapy, occupational therapy and medications. The treating provider reported left hip and left knee pain 7/10 with crepitus of the knee. The Utilization Review Determination on 2/5/2015 non-certified: 1. Xanax 1mg #30, MTUS, ODG. 2. Zoloft 100mg #30, MTUS. 3. Butrans 20 mcg/hr #4, MTUS. 4. Ambien CR 12.5mg #30, ODG. 5. Talwin NX #60, MTUS.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Xanax 1mg #30:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation ODG-TWC Pain Procedure Summary.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page 24. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Benzodiazepines.

**Decision rationale:** Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines (Page 24) states that benzodiazepines are not recommended for long-term use because long-term efficacy is unproven and there is a risk of dependence. Most guidelines limit use to 4 weeks. Tolerance to hypnotic effects develops rapidly. Tolerance to anxiolytic effects occurs within months and long-term use may actually increase anxiety. Tolerance to anticonvulsant and muscle relaxant effects occurs within weeks. ODG guidelines state that benzodiazepines are not recommended for long-term use because long-term efficacy is unproven and there is a risk of psychological and physical dependence or frank addiction. Most guidelines limit use to 4 weeks. Benzodiazepines are a major cause of overdose, particularly as they act synergistically with other drugs such as opioids (mixed overdoses are often a cause of fatalities). Adults who use hypnotics, including benzodiazepines, have a greater than 3-fold increased risk for early death. Benzodiazepines are not recommended as first-line medications by ODG. Medical records document the long-term use of the benzodiazepines. MTUS guidelines do not support the long-term use of benzodiazepines. ODG guidelines do not recommend the long-term use of benzodiazepines. Therefore, the request for the benzodiazepine Xanax is not supported. Therefore, the request for Xanax is not medically necessary.

**Zoloft 100mg #30:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for chronic pain Page 13-16. Decision based on Non-MTUS Citation FDA Prescribing Information Zoloft <http://www.drugs.com/pro/zoloft.html>.

**Decision rationale:** Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines indicates that antidepressants for chronic pain are recommended as a first line option for neuropathic pain, and as a possibility for non-neuropathic pain. FDA guidelines indicate that Zoloft (Sertraline) is indicated for the treatment of major depressive disorder. Medical records document chronic pain and depression. The primary treating physician's progress report dated 1/22/15 documented the diagnoses of depression and chronic pain. The use of Zoloft is supported by MTUS and FDA guidelines. Therefore, the request for Zoloft is medically necessary.

**Butrans 20 mcg/hr #4:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment, Chapter 12 Low Back Complaints, Chapter 13 Knee Complaints Page(s): 47-48, 308-310, 346-347, Chronic Pain Treatment Guidelines Buprenorphine Pages 26-27. Opioids Page 74-96. Decision based on Non-MTUS Citation FDA Prescribing Information BUTRANS <http://www.drugs.com/pro/butrans-patch.html>.

**Decision rationale:** Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines (Page 26-27) states that Buprenorphine is recommended as an option for chronic pain. Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines address opioids. The lowest possible dose should be prescribed to improve pain and function. Immediate discontinuation has been suggested for evidence of illegal activity including diversion. Four domains have been proposed as most relevant for 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. These domains have been summarized as the 4 A's (analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behaviors). American College of Occupational and Environmental Medicine (ACOEM) 2nd Edition (2004) Chapter 3 states that opioids appear to be no more effective than safer analgesics for managing most musculoskeletal symptoms. Opioids should be used only if needed for severe pain and only for a short time. ACOEM guidelines state that the long-term use of opioids is not recommended for knee and back conditions. FDA Prescribing Information states that Butrans (buprenorphine) patch is indicated for the management of moderate to severe chronic pain when a continuous, around-the-clock opioid analgesic is needed for an extended period of time. The primary treating physician's progress report dated 1/22/15 documented chronic pain. Per FDA, Butrans (Buprenorphine) is an opioid analgesic. The urine drug screen dated 1/22/15 was positive for Cannabinoids, which is potentially aberrant. Per MTUS, immediate discontinuation has been suggested for evidence of illegal activity including diversion. Medical records document the long-term use of opioids. ACOEM guidelines indicate that the long-term use of opioids is not recommended for knee and back conditions. Per MTUS, the lowest possible dose of opioid should be prescribed. Therefore, the request for Butrans is not medically necessary.

**Ambien CR 12.5mg #30:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG-TWC Pain Procedure Summary.

**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) Zolpidem (Ambien).

**Decision rationale:** Medical Treatment Utilization Schedule (MTUS) does not address Zolpidem (Ambien). Official Disability Guidelines (ODG) state that Ambien (Zolpidem) is approved for the short-term, usually two to six weeks, treatment of insomnia, and should be used for only a short period of time. Medical records indicate long-term use of Ambien (Zolpidem). ODG guidelines states that Ambien should be used for only a short period of time. The long-term use of Ambien is not supported by ODG guidelines. Therefore, the request for Ambien CR 12.5 mg is not medically necessary.

**Talwin NX #60:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page 75. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic) - Talwin, Pentazocine (Talwin/Talwin NX).

**Decision rationale:** Medical Treatment Utilization Schedule (MTUS) addresses mixed agonists-antagonists. Mixed agonists-antagonists are opiate analgesics that include such drugs as Butorphanol (Stadol), Dezocine (Dalgan), Nalbuphine (Nubain) and Pentazocine (Talwin). Mixed agonists-antagonists have limited use among chronic pain patients because of their ceiling effect for analgesia that results in the analgesic effect not increasing with dose escalation. Official Disability Guidelines (ODG) Pain (Chronic) indicates that Pentazocine (Talwin/Talwin NX) is not recommended for the treatment of chronic pain. Pentazocine (Talwin) has limited use among chronic pain patients because of their ceiling effect for analgesia that results in the analgesic effect not increasing with dose escalation. The primary treating physician's progress report dated 1/22/15 documented the prescription of Talwin NX (Pentazocine and Naloxone) for chronic pain. The use of Pentazocine (Talwin) is not supported by MTUS guidelines. Official Disability Guidelines (ODG) indicates that Talwin NX is not recommended for the treatment of chronic pain. Therefore, the request for Talwin NX is not medically necessary.