

Case Number:	CM15-0035007		
Date Assigned:	03/03/2015	Date of Injury:	05/21/1992
Decision Date:	04/13/2015	UR Denial Date:	01/24/2015
Priority:	Standard	Application Received:	02/24/2015

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: New Jersey, Michigan, California
 Certification(s)/Specialty: Neurology, Neuromuscular 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 51 year old female, who sustained an industrial injury on May 21, 1992. She has reported low back pain, neck pain and bilateral shoulder pain with radiating pain to the left leg. The diagnoses have included severe degenerative disc disease of the lumbar spine, lumbar disc herniation and severe disc height loss. Treatment to date has included radiographic imaging, diagnostic studies, conservative therapies, pain medications and work modifications. Currently, the IW complains of low back pain, neck pain and bilateral shoulder pain with radiating pain to the left leg. The injured worker reported an industrial injury in 1992, resulting in the above noted chronic pain. She was treated conservatively without complete resolution of the pain. Evaluation on July 22, 2014, revealed an improvement of pain with the medication regiment. It was noted she could not maintain function without medication but was able to do activities of daily living with the use of pain medications. Evaluation on October 2, 2014, revealed worsened pain from the previous examination. Examination on November 19, 2014, evaluation revealed increased pain secondary to the injured worker's medications being denied. She reported not having pain medication of the prescribed muscle relaxer. She again reported an inability to maintain function without the pain medications. On January 24, 2015, Utilization Review non-certified a request for Ambien CR 12.5mg #30 with 3 refills, Oxycontin 40mg #90 and Paxil 40mg #30 with 3 refills, noting the MTUS, ACOEM Guidelines, (or ODG) was cited. On February 24, 2015, the injured worker submitted an application for IMR for review of requested Ambien CR 12.5mg #30 with 3 refills, Oxycontin 40mg #90 and Paxil 40mg #30 with 3 refills.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ambien CR 12.5mg #30 with 3 refills: 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), Treatment Index, 13th Edition, 2015, Pain, Zolpidem.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Non-Benzodiazepine sedative-hypnotics (Benzodiazepine-receptor agonists (<http://worklossdatainstitute.verioiponly.com/odgtwc/pain.htm>).

Decision rationale: According to ODG guidelines, Non-Benzodiazepine sedative hypnotics (Benzodiazepine-receptor agonists): First-line medications for insomnia. This class of medications includes zolpidem (Ambien and Ambien CR), zaleplon (Sonata), and eszopicolone (Lunesta). Benzodiazepine-receptor agonists work by selectively binding to type-1 benzodiazepine receptors in the CNS. All of the benzodiazepine-receptor agonists are schedule IV controlled substances, which means they have potential for abuse and dependency. Ambien is not recommended for long-term use to treat sleep problems. Furthermore, there is no documentation of the use of non pharmacologic treatment for the patient's sleep issue. There is no documentation and characterization of any recent sleep issues with the patient. Therefore, the prescription of Ambien CR 12.5mg #30, with 3 refills is not medically necessary.

Paxil 40mg #30 with 3 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Selective serotonin reuptake inhibitors (SSRIs) Page(s): 107. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Treatment Index, 13th Edition, 2015, Pain, Anxiety medications in chronic pain.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines SSRIs (selective serotonin reuptake inhibitors) Page(s): 107.

Decision rationale: According to MTUS guidelines, Paxil, a selective serotonin reuptake inhibitor is not recommended for chronic pain syndrome including chronic back pain: (SSRIs (selective serotonin reuptake inhibitors). Not recommended as a treatment for chronic pain, but SSRIs may have a role in treating secondary depression. Selective serotonin reuptake inhibitors (SSRIs), a class of antidepressants that inhibit serotonin reuptake without action on noradrenaline, are controversial based on controlled trials. It has been suggested that the main role of SSRIs may be in addressing psychological symptoms associated with chronic pain. More information is needed regarding the role of SSRIs and pain. SSRIs have not been shown to be effective for low back pain). There is no formal psychiatric evaluation supporting the continuous use of Paxil. There is no continuous documentation for the efficacy of the drug. There is no

objective documentation to justify continuous use of Paxil. Therefore, the prescription of Paxil 40mg #30, with 3 refills is not medically necessary.

Oxycontin 40mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 75 and 78.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 75-81.

Decision rationale: According to MTUS guidelines, Oxycodone as well as other short acting opioids are indicated for intermittent or breakthrough pain (page 75). It can be used in acute post operative pain. It is not recommended for chronic pain of longterm use as prescribed in this case. In addition and according to MTUS guidelines, ongoing use of opioids should follow specific rules: (a) Prescriptions from a single practitioner taken as directed, and all prescriptions from a single pharmacy. (b) The lowest possible dose should be prescribed to improve pain and function. (c) Office: Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Information from family members or other caregivers should be considered in determining the patient's response to treatment. The 4 A's for Ongoing Monitoring: 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 non adherent) 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). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework. Based on recent urine drug screen, non-prescribed drugs were detected indicative of misuse. Addition, there is no clear documentation of pain and functional improvement with Oxycontin. Based on this finding of non-prescribed medication in the patient system and lack of efficacy, a discontinuation of opioids is suggested. A weaning schedule is also suggested at this time. Therefore, the prescription of Oxycontin 40 MG #90 is not medically necessary at this time.