MAXIMUS Federal Services

Case Number:	CM15-0035469		
Date Assigned:	03/03/2015	Date of Injury:	02/19/2001
Decision Date:	04/10/2015	UR Denial Date:	02/04/2015
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: 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:

The injured worker is a 69-year-old female who sustained an industrial related injury on 2/19/01. The injured worker had complaints of back pain with radiation to the left leg. Diagnoses included lumbar radiculopathy and lumbar degenerative disc disease. Treatment included L3-5 sacral bilateral radiofrequency rhizotomy of the dorsomedial branches on 9/8/09, lumbar radiofrequency ablation on 7/15/08, and a lumbar facet injection on 5/6/09. Medication included Ambien, Methadone, Norco, Senokot, and Omeprazole. The treating physician requested authorization for Norco 10/325mg #60 with 1 refill, Methadone 10mg #90 with 1 refill, and Ambien 10mg #30 with 5 refills. On 2/4/15, the requests were modified. Regarding Norco, the utilization review (UR) physician cited the Medical Treatment Utilization Schedule (MTUS) guidelines and noted there was no documentation that the injured worker's activities of daily living had changed significantly with the current analgesic regimen. Therefore the request was modified to a quantity of 50 for weaning purposes. Regarding Ambien, the UR physician cited the Official Disability Guidelines and noted the documentation did not address sleep onset, sleep maintenance, sleep quality, or next day functioning. Therefore, the request was modified to a quantity of 20 for weaning purposes. Regarding Methadone, the UR physician cited the MTUS guidelines and noted there was no documentation that the injured worker's activities of daily living had changed significantly with the current analgesic regimen. There was no end goal of opioid therapy noted. The quantity was modified to a quantity of 60 for weaning purposes.

IMR ISSUES, DECISIONS AND RATIONALES

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

Methadone 10mg, take 1 three times a day, #90 with 1 refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 77-78.

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

Decision rationale: Routine long-term opioid therapy is not recommended, and The Official Disability Guidelines recommends consideration of a one-month limit on opioids for new chronic non-malignant pain patients in most cases, as there is little research to support use. The research available does not support overall general effectiveness and indicates numerous adverse effects with long-term use. The latter includes the risk of ongoing psychological dependence with difficultly weaning. The ODG recommends methadone as a second-line drug for moderate to severe pain, only if the potential benefit outweighs the risk, unless methadone is prescribed by pain specialists with experience in its use and by addiction specialists, where first-line use may be appropriate. The FDA reports that they have received reports of severe morbidity and mortality with this medication. This appears, in part, secondary to the long half-life of the drug (8-59 hours). Pain relief on the other hand only lasts from 4-8 hours. Due to the complexity of dosing and potential for adverse effects including respiratory depression and adverse cardiac events, this drug should be reserved for use by experienced practitioners (i.e. pain medicine or addiction specialists). A previous utilization review decision provided the patient with sufficient quantity of medication to be weaned slowly. Methadone 10mg, take 1 three times a day, #90 with 1 refill is not medically necessary.

Norco 10/325mg take 1 twice daily as needed, #60 with 1 refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 77-78.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 - 9792.26 Page(s): 74-94.

Decision rationale: The Chronic Pain Medical Treatment Guidelines state that continued or long-term use of opioids should be based on documented pain relief and functional improvement or improved quality of life. Despite the long-term use of Norco, the patient has reported very little, if any, functional improvement or pain relief over the course of the last 6 months. According to the MTUS in regard to medications for chronic pain, only one medication should be given at a time, and interventions that are active and passive should remain unchanged at the time of the medication change. A trial should be given for each individual medication. A record of pain and function with the medication should be recorded. According to this citation from the MTUS, medications should not be initiated in a group fashion, and specific benefit with respect to pain and function should be documented for each medication. There is no

documentation of the above criteria for either of narcotics that the patient has been taking. A previous utilization review decision provided the patient with sufficient quantity of medication to be weaned slowly off of narcotic. Norco 10/325mg take 1 twice daily as needed, #60 with 1 refill is not medically necessary.

Ambien 10mg, take 1 at bedtime #30 with 5 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), Zolpidem (Ambien).

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

Decision rationale: Zaleplon (marketed under the brand name Ambien) is a sedative-hypnotic, almost entirely used for the management/treatment of insomnia. It is a nonbenzodiazepine hypnotic from the pyrazolopyrimidine class. The Official Disability Guidelines do not recommend the long-term use of any class of sleep aid. A previous utilization review decision provided the patient with sufficient quantity of medication to be weaned slowly. Ambien 10mg, take 1 at bedtime #30 with 5 refills is not medically necessary.