

Case Number:	CM15-0036134		
Date Assigned:	03/19/2015	Date of Injury:	10/03/2011
Decision Date:	07/21/2015	UR Denial Date:	02/02/2015
Priority:	Standard	Application Received:	02/26/2015

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 was a 45 year old female, who sustained an industrial injury, October 3, 2000. The injured worker was diagnosed with involuntary movements, cervical region somatic dysfunction and neck pain on the right side. CT scan of the neck (March 12, 2012) showed C5-6 disc protrusion with moderate stenosis as did a cervical MRI (March 30 2102) which also noted the disc protrusion touched the spinal cord. Treatment has included chiropractic therapy, physical therapy, acupuncture and medications. In the provider report dated January 23, 2015 the patient complained of worsening neck pain constipation and restlessness. On physical exam noted dorsal lumbar pain and tenderness with spasms with limitation to lumbar flexion and extension, sacroiliac joint tenderness bilaterally, spasms in the cervical paraspinals muscles with cervical tenderness and limited cervical range of motion and extension and sub-occipital tenderness bilaterally.

IMR ISSUES, DECISIONS AND RATIONALES

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

Butal/Acetamn/ CF50-325-40mg #30 3 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Barbiturate-containing analgesic agents (BCAs) Page(s): 23.

Decision rationale: Butalbital-Acetaminophen-Caffeine (Fiorinal) is a combination drug comprised of butalbital, a barbiturate, acetaminophen, a mild pain reliever, and caffeine, a mild central nervous system stimulant. It is indicated for treating tension headaches. The MTUS does not recommend its use in treating chronic pain. It has a high potential for drug dependence and is associated with rebound headaches. This patient has used a similar medication in the past (Fioricet) and found it not effective. At this point in the care of this patient there is no indication for use of this medication. Medical necessity has not been established.

Ambien 10mg #30 3 refills: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation (ODG) Official Disability Guidelines: Mental Illness and & Stress, Sedative hypnotics.

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 2008;4(5):487-504.

Decision rationale: Zolpidem (Ambien, Ambien CR) is a short-acting benzodiazepine receptor agonist medication. It is indicated for short-term (usually about two to six weeks) treatment of insomnia. It is very effective in initiating sleep but has not adequately demonstrated effectiveness in maintaining sleep, unless delivered in a controlled-release (CR) form. Long-term use of zolpidem is associated with drug tolerance, drug dependence, rebound insomnia, and CNS-related adverse effects. Insomnia is defined by the American Academy of Sleep Medicine (AASM) as the subjective perception of difficulty with sleep initiation, duration, consolidation, or quality that occurs despite adequate opportunity for sleep, and that results in some form of daytime impairment. It is the most prevalent sleep disorder in the general population. It requires a full work-up to understand its etiology and to direct therapy. The AASM guideline recommends any pharmacologic treatment for chronic insomnia be accompanied by cognitive and behavioral treatments. Additionally, it recommends use of benzodiazepines or benzodiazepine receptor agonist medications be used short term followed by other sedating agents such as sedating anti-depressants and atypical anti-psychotics. This patient has been taking zolpidem for longer than 6 weeks. A full evaluation for the etiology for her chronic insomnia has not been done. The medical necessity for continued use of this medication has not been established.

Percocet 5/325mg #120 3 refills: Overturned

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47-9, Chronic Pain Treatment Guidelines Medications for chronic pain; Opioids Page(s): 60-1, 74-96.

Decision rationale: Oxycodone/APAP (Percocet) is a combination medication made up of the semi-synthetic opioid, Oxycodone, and acetaminophen, better known as Tylenol. It is indicated for treatment of moderate to severe pain and is available in immediate release and controlled release forms. Maximum dose according to the MTUS is limited to 4 gm of acetaminophen per day which is up to 60-120 mg/day of Oxycodone depending on the formulation. If being used to treat neuropathic pain, then it is considered a second-line treatment (first-line are anti-depressants and anti-convulsants), however, there are no long-term studies to suggest chronic use of opioids for neuropathic pain. If treating chronic low back pain, opioids effectiveness is limited to short-term pain relief (up to 16 weeks) as there is no evidence of long-term effectiveness. It is known that long-term use of opioids is associated with hyperalgesia and tolerance. According to the MTUS, opioid therapy for control of chronic pain, while not considered first line therapy, is considered a viable alternative when other modalities have been tried and failed. Success of this therapy is noted when there is significant improvement in pain or function. It is important to note, however, the maximum daily dose of opioids, calculated as morphine equivalent dosing from use of all opioid medications, is 120 mg per day. The major risks of opioid therapy are the development of addiction, overdose and death. The pain guidelines in the MTUS directly address opioid use by presenting a number of recommendations required for providers to document safe use of these medications. The patient has taken opioids on and off since her injury but was not taking any as of the date of the request to start Percocet. Prior opioids caused drowsiness when used. There are no medical record notations of potential abuse or drug seeking behavior although one record documents an Emergency Room visit for pain, which by itself cannot be considered drug-seeking, but is of concern. The patient is taking two first-line medications for chronic pain (Cymbalta and Lyrica) without full control of her chronic pain. At this point in the care of this patient use of an opioid medication is considered an option by the MTUS guidelines. Medical necessity for use of this medication has been established.