

Case Number:	CM14-0115999		
Date Assigned:	09/16/2014	Date of Injury:	06/29/2006
Decision Date:	10/22/2014	UR Denial Date:	07/07/2014
Priority:	Standard	Application Received:	07/24/2014

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. The expert reviewer is Board Certified in Anesthesiology, Pain Medicine and is licensed to practice in Florida. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 48-year-old female who reported a work related injury on 06/29/2006. The mechanism of injury was not provided for review. The injured worker's diagnosis consists of complex regional pain syndrome. Past treatments have included medication. Upon physical examination on 06/17/2014, the injured worker stated she continued to have pain in the right upper extremity, low back, right lower extremity, and left knee. She rated her pain as a 10/10 on the VAS pain scale, but the pain is reduced to a 6/10 with the use of medication. The injured worker also stated she has been working on increasing her level of activity. Upon physical examination, it was noted that the injured worker has remained stable at her baseline, which is largely in part due to her current medication regimen. She shared that her medication reduced her pain level significantly, which allowed her to remain active in caring for her home. The medications were also noted to improve her functional independence for activities of daily living and ability to access the local community. Also within the documentation, it was noted that the injured worker denied any negative side effects with medication, including sedation, cognitive impairment, or constipation. The physician stated there were no aberrant drug behaviors and she used the medications as prescribed. Within the documentation, it was also noted that the injured worker's prescriptions were from a single practitioner and are taken as directed. The lower possible dose was being described and there would be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. The injured worker's prescribed medications include Klonopin, Xanax, prochlorperazine, Fioricet, Ambien, Miralax powder, oxycodone, Oxycontin, and Nucynta. The treatment plan was not provided for review. The Request for Authorization form was submitted for review on 06/17/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Nucynta 100mg #120: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Nucynta (Tapentadol)

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

Decision rationale: The Official Disability Guidelines state Nucynta is a second line therapy for patients who have developed intolerable adverse effects with first line opioids. The injured worker is currently prescribed oxycodone. Thus, there is a lack of documentation to support that the injured worker has intolerable adverse effects with first line opioids to support the ongoing use of Nucynta. As such, the request for Nucynta 100mg #120 is not medically necessary.

Clonazepam 1mg #60 x 5 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24.

Decision rationale: The California MTUS Guidelines state benzodiazepines are not recommended for long-term use because long-term efficacy is unproven and there is a risk of dependence. The recommendations are limited to 4 weeks. The range of action for benzodiazepines includes sedative/hypnotic, anxiolytic, anticonvulsant, and muscle relaxant. A more appropriate treatment for anxiety disorder is an antidepressant. In regards to the injured worker, documentation provided for review states the injured worker has been prescribed clonazepam since at least 01/29/2014. The length of time the injured worker has been prescribed clonazepam exceeds the guideline recommendations. As such, the request for Clonazepam 1mg #60 x 5 refills is not medically necessary.

Xanax 1mg #60 x 5 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24.

Decision rationale: The California MTUS Guidelines state benzodiazepines are not recommended for long-term use because long-term efficacy is unproven and there is a risk of

dependence. The guidelines limit their use to 4 weeks. The range of action for benzodiazepines includes sedative/hypnotic, anxiolytic, anticonvulsant, and muscle relaxant. In regards to the injured worker, he has been prescribed Xanax since at least 01/29/2014. The length of time the injured worker has been prescribed Xanax exceeds the recommendations within the guidelines. As such, the request for Xanax 1mg #60 x5 refills is not medically necessary.

Ambien 10mg #30 x 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:Ambien (zolpidem)

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

Decision rationale: The Official Disability Guidelines states zolpidem is a prescription short acting nonbenzodiazepine hypnotic, which is approved for the short-term use, usually two to six weeks, for the treatment of insomnia. Nonbenzodiazepines can be habit forming, and they may impair function and memory than opioid pain relievers. In regards to the injured worker, there is no documentation provided of insomnia characterized by difficulties with sleep initiation. Without documentation outlining the injured worker's difficulties with sleep initiation, the medical necessity of Ambien cannot be warranted. As such, the request for Ambien 10mg #30 x 5 refills is not medically necessary.