

Case Number:	CM14-0148005		
Date Assigned:	09/15/2014	Date of Injury:	10/17/2007
Decision Date:	10/15/2014	UR Denial Date:	09/04/2014
Priority:	Standard	Application Received:	09/11/2014

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 Pain Medicine and Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in California. 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 42 year-old female with a date of injury of 10/17/2007. The patient's industrially related diagnoses include chronic neck pain secondary to degenerative spondylosis of the cervical spine, myalgia and myositis, and other pain disorders. The disputed issues are Percocet 10/325mg 1-2 tabs Q4h for pain #180, Ambien 5mg 1 tab by mouth QPM #30, and Adderall 5mg 1 tab by mouth BID for opioid sedation. A utilization review determination on 9/4/2014 had non-certified these requests. The stated rationale for the denial of Percocet was: "the use of opiates for treatment of chronic pain is not recommended by the CA MTUS updated 2009 treatment guidelines. The dosing must be weaned off by 10% per week until the minimal therapeutic dose has been reached or the medication has been discontinued." Therefore Percocet 10/325mg was partially certified at #120 tablets. The stated rationale for the denial of Ambien 5mg was: "Long term use of this medication to treat insomnia is not supported." Lastly, Adderall was non-certified because it "is used to treat narcolepsy and attention deficit hyperactivity disorder. Since the injured worker is going to be weaned off opiates she will no longer be experiencing sedation as a side effect."

IMR ISSUES, DECISIONS AND RATIONALES

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

Percocet 10/325mg, 1-2 tabs every 4 hours for pain, #180: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, on-going management and when to continue opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 76-80..

Decision rationale: Percocet 10/325mg (generic: Oxycodone 10mg / acetaminophen 325mg) is a CII opioid that can be recommended for moderate to severe pain. With regards to the use of Percocet 10/325mg, the California Chronic Pain Medical Treatment Guidelines states the following about on-going management with opioids: "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). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs." In the progress report dated 8/14/2014, the treating physician documented that the injured worker's pain level was 8/10 and ranged from 8-9/10 over the past two weeks. There is no documentation of measureable improvement in pain level with the use of Percocet. Regarding her functional level the treating physician states that the injured worker likes to exercise but has not been doing so consistently. There is documentation of objective functional improvement with the use of Percocet. The patient does take Adderall for the management of the adverse effect of opioid induced sedation. However, no other side effect is documented. Lastly, there is limited documentation regarding the evaluation for aberrant drug-taking behavior such as a urine drug test (UDT) and CURES report made available by the DEA. Due to the lack of documentation necessary for ongoing management with opioids, Percocet 10/325mg #180 is not medically necessary.

Ambien 5mg, 1 by mouth each evening, #30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG: Pain Chapter, Zolpidem (Ambien(r))

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

Decision rationale: The California Medical Treatment and Utilization Schedule and ACOEM do not specifically address Ambien (generic: Zolpidem). Therefore the Official Disability Guidelines (ODG) are utilized which specify the following: "Zolpidem is a prescription short-acting non-benzodiazepine hypnotic, which is approved for the short-term (usually two to six weeks) treatment of insomnia. Proper sleep hygiene is critical to the individual with chronic pain and often is hard to obtain. Various medications may provide short-term benefit. While sleeping pills, so-called minor tranquilizers, and anti-anxiety agents are commonly prescribed in chronic pain, pain specialists rarely, if ever, recommend them for long-term use. They can be habit-forming, and they may impair function and memory more than opioid pain relievers. There is also concern that they may increase pain and depression over the long-term." Furthermore, the Official Disability Guidelines recommend a trial first of non-pharmacologic management of insomnia. Regarding sleep habits the treating physician documented in the progress report dated

8/14/2014 that the injured worker had poor sleep with delayed onset and frequent awakenings and Ambien was listed as a current medication that the injured worker was taking. Previously in a progress report dated 3/31/2014, the treating physician documented that the injured worker was taking Ambien nightly at bedtime for maintenance. According to the guidelines, Zolpidem is indicated for the short-term treatment of insomnia. Therefore, Ambien 5mg #30 is not medically necessary.

Adderall 5mg, 1 by mouth twice a day, for opioid sedation: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation drugs.com

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Physician Desk Reference, Adderall

Decision rationale: The California Medical Treatment and Utilization Schedule and ACOEM do not specifically address Adderall (dextroamphetamine). The Official Disability Guidelines (ODG) are also silent on Adderall. Therefore the PDR (Physician Desk Reference) was used. Adderall is FDA-approved for the diagnosis of narcolepsy and attention deficit hyperactivity disorder (ADHD). The Black Box Warnings state that Adderall has a high abuse potential, and that prescribers should avoid prolonged treatment as it may lead to drug dependence. Therefore, it recommends that this medication be prescribed sparingly. The use of this drug in the management of opioid-induced sedation is not FDA approved. There is little clinical research to support the use of Adderall for opioid induced sedation in chronic pain patients. More appropriately, this side effect should be addressed by adjusting the dose of the opiates, in this case Percocet 10/325mg, to a lower dose in order to reduce the adverse effect. Therefore, Adderall is not medically necessary.