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| Case Number: | CM14-0165734 | | |
| Date Assigned: | 10/10/2014 | Date of Injury: | 05/13/2010 |
| Decision Date: | 11/13/2014 | UR Denial Date: | 09/19/2014 |
| Priority: | Standard | Application Received: | 10/08/2014 |

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, has a subspecialty in Pain Management and is licensed to practice in Texas & 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 patient is a 38 year old female who was injured on 5/13/2010. The diagnoses are neck pain, migraine, neuropathic pain and status post cervical fusion. There are associated diagnoses of insomnia, anxiety disorder and respiratory stridor. The past surgery history is significant for C5-C6, C6-T1 fusion. On 9/4/2014, [REDACTED] noted objective findings of a very anxious lady who was tearful and stridorous. There was atrophy of the neck muscle due to vocal cord and respiratory muscle paralysis. There was decreased ranged of motion of the cervical spine. The patient was too distressed to withstand a complete musculoskeletal examination. It was noted that prescriptions for Triptans and Referrals to Neurosurgery and Pain Specialists was not authorized. The medications are Klonopin, and Xanax for insomnia and anxiety. The patient is on many formulations of oxycodone for pain. A Utilization Review determination was rendered on 9/19/2014 recommending non certification for Klonopin 0.5mg #30, OxyContin ER #30, Oxycodone 40mg #30 and Oxycodone 5mg #30.

IMR ISSUES, DECISIONS AND RATIONALES

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

Klonopin 0.5mg #30 prescribed on 9/4/14: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of Opioids & Benzodiazepines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 24,78. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter

Decision rationale: The CA MTUS and the ODG guidelines recommend that the use of benzodiazepines for the treatment of insomnia be limited to a maximum of 4 weeks period to minimize the development of tolerance, dependency, addiction and adverse interaction with opioids and other sedatives. The records indicate that the patient is utilizing multiple benzodiazepines and opioids medication. The patient was also diagnosed with respiratory stridor and vocal cord paralysis. The use of high dose opioids and sedatives is associated with severe respiratory depression in patient with co-existing respiratory disease. It is recommended that non opioid and neuropathic medications be utilized in patients with severe respiratory disease. The guidelines recommend that patient on high doses of sedatives and opioids be safely weaned and managed by alternative methods in Multidisciplinary Pain Programs. The criteria for the use of Klonopin 0.5mg #30 were not met.

Oxycodone 5mg #30 prescribed on 9/4/14: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter

Decision rationale: The CA MTUS and the ODG guidelines recommend that opioids can be utilized for the treatment of chronic musculoskeletal pain. The chronic use of high dose opioids is associated with the development of tolerance, sedation, dependency, addiction and adverse interaction with opioids and other sedatives. The records indicate that the patient is utilizing multiple benzodiazepines and opioids medications. The patient was diagnosed with respiratory stridor and vocal cord paralysis. The use of high dose opioids and sedatives is associated with severe respiratory depression in patient with co-existing respiratory disease. It is recommended that non opioid and neuropathic medications be utilized in patients with severe respiratory disease. The guidelines recommend that patient on high doses of sedatives and opioids be safely weaned and managed by alternative methods by Multidisciplinary Pain Programs. The criteria for the use of Oxycodone 5mg #30 prescribed on 9/4/2014 were not met.

Oxycontin ER #30 prescribed on 9/4/14: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter

Decision rationale: The CA MTUS and the ODG guidelines recommend that opioids can be utilized for the treatment of chronic musculoskeletal pain. The chronic use of high dose opioids is associated with the development of tolerance, hyperalgesia, sedation, dependency, addiction and adverse interaction with opioids and other sedatives. The records indicate that the patient is utilizing multiple benzodiazepines and opioids medications. The patient was diagnosed with respiratory stridor and vocal cord paralysis. The use of high dose opioids and sedatives is associated with severe respiratory depression in patient with co-existing respiratory disease. It is recommended that non opioid and neuropathic medications be utilized in patients with severe respiratory disease. The guidelines recommend that that patient on high doses of sedatives and opioids be safely weaned and managed by alternative methods by Multidisciplinary Pain Programs. The criteria for the use of OxyContin ER 30mg #30 prescribed on 9/4/2014 were not met.

Oxycontin 40mg #30 prescribed on 9/4/14: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter

Decision rationale: The CA MTUS and the ODG guidelines recommend that opioids can be utilized for the treatment of chronic musculoskeletal pain. The chronic use of high dose opioids is associated with the development of tolerance, hyperalgesia, sedation, dependency, addiction and adverse interaction with other opioids and sedatives. The records indicate that the patient is utilizing multiple benzodiazepines and opioids medications. The patient was diagnosed with respiratory stridor and vocal cord paralysis. The use of high dose opioids and sedatives is associated with severe respiratory depression in patient with co-existing respiratory disease. It is recommended that non opioid and neuropathic medications be utilized in patients with severe respiratory disease. The guidelines recommend that patient on high doses of sedatives and opioids be safely weaned and managed by alternative methods by Multidisciplinary Pain Programs. The criteria for the use of OxyContin 40mg #30 prescribed on 9/4/2014 were not met.