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| Case Number: | CM14-0185575 | | |
| Date Assigned: | 11/13/2014 | Date of Injury: | 06/14/2013 |
| Decision Date: | 12/19/2014 | UR Denial Date: | 10/30/2014 |
| Priority: | Standard | Application Received: | 11/07/2014 |

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 Occupational Medicine and is licensed to practice 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:

This is a 48-year-old male with a 6/14/13 date of injury. According to a progress report dated 10/8/14, the patient reported continued headaches and dizziness that worsened when he looked up. Objective findings: none noted. Diagnostic impression: none noted. Treatment to date: medication management, activity modification. A UR decision dated 10/30/14 denied the retrospective requests for Hydrocodone/APAP, alprazolam, and zolpidem. Regarding Hydrocodone/APAP, there is no documentation of function improvement with the regimen. Regarding alprazolam, it appears that the usage is long-term, which is unsupported in the guidelines. The objective benefit from the medicine is not disclosed. Regarding zolpidem, there is no solid evidence in the guidelines to support long-term usage.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective Hydrocodone/APAP 5/325mg #60 date of service 8/26/14: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 Opiates Page(s): 78-81.

Decision rationale: California Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines do not support ongoing opioid treatment unless prescriptions are from a single practitioner and are taken as directed; are prescribed at the lowest possible dose; and unless there is ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. However, this is a retrospective request for date of service, 8/26/14, and there were no medical records from this date or prior to this date provided for review. There is no documentation of significant pain reduction or improved activities of daily living. Guidelines do not support the continued use of opioid medications without documentation of functional improvement. In addition, there is no documentation of lack of aberrant behavior or adverse side effects, an opioid pain contract, urine drug screen, or CURES monitoring. Therefore, the request for Retrospective Hydrocodone/APAP 5/325mg #60 date of service 8/26/14 was not medically necessary.

Retrospective Alprazolam 0.5mg #60 date of service 8/26/14: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 Benzodiazepines Page(s): 24.

Decision rationale: California Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines state that benzodiazepines range of action includes sedative/hypnotic, anxiolytic, anticonvulsant, and muscle relaxant. They are not recommended for long-term use because long-term efficacy is unproven and there is a risk of dependence. Most guidelines limit use to 4 weeks. However, this is a retrospective request for date of service, 8/26/14, and there were no medical records from this date or prior to this date provided for review. There is no documentation as to how long the patient has been taking this medication, and guidelines do not support its long-term use. Therefore, the request for Retrospective Alprazolam 0.5mg #60 date of service 8/26/14 was not medically necessary.

Retrospective Zolpidem 10mg #60 date of service 8/26/14: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Pain Section

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter - Ambien Other Medical Treatment Guideline or Medical Evidence: FDA (Ambien)

Decision rationale: California Medical Treatment Utilization Schedule (MTUS) does not address this issue. Official Disability Guidelines (ODG) and the FDA state that Ambien is approved for the short-term (usually two to six weeks) treatment of insomnia. Additionally, pain specialists rarely, if ever, recommend Ambien for long-term use. However, this is a retrospective request for date of service, 8/26/14, and there were no medical records from this date or prior to this date provided for review. There is no documentation as to how long the

patient has been taking this medication, and guidelines do not support its long-term use. In addition, Furthermore, there is no documentation that the provider has addressed non-pharmacologic methods for sleep disturbances, such as proper sleep hygiene. Therefore, the request for Retrospective Zolpidem 10mg #60 date of service 8/26/14 was not medically necessary.