

Case Number:	CM14-0097898		
Date Assigned:	09/23/2014	Date of Injury:	10/21/1996
Decision Date:	10/22/2014	UR Denial Date:	06/10/2014
Priority:	Standard	Application Received:	06/26/2014

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 Family 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:

This is a 75-year-old female patient who reported an industrial injury on 10/21/1996, 18 years ago, to the neck and upper extremities. The patient complains of pain and restricted ROM to the cervical spine and UEs. The patient reports having severe headaches with blurry vision requiring analgesics. The patient reported numbness and tingling to the BUEs. The patient was noted to have some improvement with the previously provided cervical ESI. The objective findings on examination included increased ROM to the neck and UEs. The diagnoses included cervical musculoligamentous injury. The patient was prescribed Duragesic patches 50 mcg/hr #10; Terocin patches #30; Terocin lotion 240 ml; Oxycontin 40 mg #15; Xanax 2.0 mg #30; Norco 10/325 mg #60; and Somnicin #30.

IMR ISSUES, DECISIONS AND RATIONALES

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

Duragesic Patch 50mcg #10 x 6 months: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300-306, Chronic Pain Treatment Guidelines opioids Page(s): 74-97. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) pain chapter opioids American

College of Occupational and Environmental Medicine (ACOEM), 2ndEdition, (2004) chapter 6 pages 114-116

Decision rationale: There has been no attempt to titrate the patient down from the high dose of opioids prescribed even though evidence-based guidelines established that the high dose opioids therapy was not medically necessary for the diagnoses cited. The prescription for Duragesic patches 75 mcg/hr for pain is being prescribed as an opioid analgesic for the treatment of chronic knee pain. There is objective evidence provided to support the continued prescription of opioid analgesics for chronic knee pain based on the objective findings documented. There is no documented functional improvement with the currently prescribed Duragesic patches. The chronic use of Duragesic patches 50 mcg/hr #10 x six (6) months is not recommended by the CA MTUS, the ACOEM Guidelines, or the Official Disability Guidelines for the long-term treatment of chronic neck and UE pain. The updated chapter of the ACOEM Guidelines and the third edition of the ACOEM Guidelines stated that both function and pain must improve to continue the use of opioids. There is no clinical documentation with objective findings on examination to support the medical necessity of Duragesic patches for the treatment of chronic neck and UE pain. There is no provided evidence that the patient has received benefit or demonstrated functional improvement with Duragesic 50 mcg/hr #10 x 6 months patches. Therefore, Duragesic Patch 50mcg #10 x 6 months is not medically necessary.

Oxycontin 40mg #15: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300-306, Chronic Pain Treatment Guidelines opioids Page(s): 74-97. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) pain chapter opioids American College of Occupational and Environmental Medicine (ACOEM), 2ndEdition, (2004) chapter 6 pages 114-116

Decision rationale: The prescription for OxyContin 40 mg #45 for short acting pain is being prescribed as an opioid analgesic for the treatment of chronic pain to the neck and UE for the date of injury 18 years ago. The objective findings on examination do not support the medical necessity for continued opioid analgesics for the diagnosis of a musculoligamentous injury to the neck. The patient is being prescribed opioids for mechanical back pain, which is inconsistent with the recommendations of the CA MTUS. There is no objective evidence provided to support the continued prescription of opioid analgesics for the cited diagnoses and effects of the industrial claim. The patient should be titrated down and off the prescribed OxyContin 40 mg #45. The patient is 18 years s/p DOI with reported continued issues. There is no demonstrated medical necessity for the continuation of opioids for the effects of the industrial injury. The chronic use of OxyContin 40 mg #45 is not recommended by the CA MTUS, the ACOEM Guidelines, or the Official Disability Guidelines for the long-term treatment of chronic back pain. There is no clinical documentation by with objective findings on examination to support the medical necessity of OxyContin 40 mg for this long period of time or to support ongoing functional improvement. There is no provided evidence that the patient has received benefit or

demonstrated functional improvement with the prescribed OxyContin 40 mg. There is no demonstrated medical necessity for the prescribed Opioids. The continued prescription for OxyContin 40 mg #15 is not medically necessary.

Xanax 2mg #30: Upheld

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

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-- medications for chronic pain; benzodiazepines

Decision rationale: The continued prescription of Xanax (alprazolam) is not supported with objective evidence to support medical necessity and is inconsistent with the recommendations of the currently accepted evidence based guidelines. The patient is being prescribed a benzodiazepine for a muscle relaxant and an anxiety agent, which is not recommended by the CA MTUS. There is no demonstrated medical necessity for the prescription of Xanax/Alprazolam for this patient in relation to the effects of the industrial injury. The Xanax/Alprazolam is being prescribed for anxiety issues that are not supported with a rationale for a nexus to the cited mechanism of injury or cited diagnoses. The patient was recommended to be discontinued from the prescribed Xanax/Alprazolam by weaning down and off. The anxiety issues are not demonstrated to be industrial and should be treated with alternative methods. The use of a short half-life benzodiazepine, such as Alprazolam 0.25 mg for anxiety is not medically necessary or supported by evidence-based guidelines. The request for the use of Xanax for anxiety, or as a muscle relaxant is not recommended by the CA MTUS, the ACOEM Guidelines, or the Official Disability Guidelines. The ODG states: Chronic benzodiazepines are the treatment of choice in very few conditions. Tolerance to hypnotic effects develops rapidly. Tolerance to anxiolytic effects occurs within months and long-term use may actually increase anxiety. A more appropriate treatment for anxiety disorder is an antidepressant. The prescription of Xanax/Alprazolam on an industrial basis is not medically necessary and inconsistent with evidence-based guidelines. The current prescription for Xanax/Alprazolam is not demonstrated to be medically necessary or reasonable for the treatment of the effects of the industrial injury. The CA MTUS does not recommend Xanax/Alprazolam as the efficacy is unproven, alternatives are readily available, and Xanax use may lead to dependence. Therefore Xanax 2mg #30 is not medically necessary.

Norco 10/325mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opioids Page(s): 74-97. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) pain chapter-opioids

Decision rationale: The prescription for Hydrocodone-APAP (Norco) 10/325 mg #60 for short acting pain is being prescribed as an opioid analgesic for the treatment of chronic pain to the back for the date of injury 18 years ago. The objective findings on examination do not support the medical necessity for continued opioid analgesics. The patient is being prescribed opioids for chronic mechanical low back pain, which is inconsistent with the recommendations of the CA MTUS. There is no objective evidence provided to support the continued prescription of opioid analgesics for the cited diagnoses and effects of the industrial claim. The patient should be titrated down and off the prescribed Hydrocodone. The patient is 18 years s/p DOI with reported continued issues postoperatively; however, there is no rationale supported with objective evidence to continue the use of opioids. There is no demonstrated medical necessity for the continuation of opioids for the effects of the industrial injury. The chronic use of Hydrocodone-APAP/Norco is not recommended by the CA MTUS, the ACOEM Guidelines, or the Official Disability Guidelines for the long-term treatment of chronic back/knee pain. There is no demonstrated sustained functional improvement from the prescribed high dose opioids. There is no clinical documentation by with objective findings on examination to support the medical necessity of Hydrocodone-APAP for this long period of time or to support ongoing functional improvement. There is no provided evidence that the patient has received benefit or demonstrated functional improvement with the prescribed Hydrocodone-APAP. There is no demonstrated medical necessity for the prescribed Opioids. There is no demonstrated medical necessity for the current prescription of tramadol with Norco. The continued prescription for Norco 10/325 mg #60 with is not medically necessary.

Somnicin #30: Upheld

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

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-- medical food; insomnia

Decision rationale: The prescription for Somnicin (Melatonin 2 mg -5 HTP 50 mg L-Tryptophan 100 mg Pyridoxine 10 mg Magnesium 50 mg) #30 was directed to insomnia, anxiety, and muscle relaxation and is a medical food which is not recommended by the CA MTUS as there are many alternatives readily available. There was no rationale for the prescription of Somnicin. There was no available product information from which to establish medical necessity. There was no product information provided to support medical necessity. The prescription is inconsistent with the CA MTUS guidelines. The treating physician does not provide any rationale to support the medical necessity of Somnicin for insomnia or documented the treatment of insomnia to date. The patient is being prescribed the Somnicin for insomnia without any attempt to use the multiple sleep aids available OTC. There is no provided subjective or objective evidence to support the use of Somnicin on an industrial basis for this patient. There is no documentation of alternatives other than Somnicin have provided for insomnia or that the patient actually requires sleeping pills. The patient is not documented with objective evidence to have insomnia or a sleep disorder at this point in time or that conservative treatment is not appropriate for treatment. There is no evidence that diet and exercise have failed

for the treatment of sleep issues. There is no evidence that sleep hygiene, diet and exercise have failed for the treatment of sleep issues. There is no demonstrated failure of the multiple sleep aids available OTC. There is no demonstrated medical necessity for the prescribed Somnicin over available alternatives. The CA MTUS, the ACOEM Guidelines, and the ODG do not recommend the use of benzodiazepines in the treatment of chronic pain. Somnicin is only recommended for occasional use and not for continuous nightly use. There is not medical necessity for the prescribed Somnicin #30.