

Case Number:	CM14-0212872		
Date Assigned:	12/30/2014	Date of Injury:	03/29/2002
Decision Date:	02/19/2015	UR Denial Date:	12/10/2014
Priority:	Standard	Application Received:	12/19/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: Arizona, California

Certification(s)/Specialty: Family Practice

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

52 yr. old female claimant sustained a work injury on 3/29/2002 involving the neck, and back. She had lumbar disk disease and underwent lumbar spine fusion. She had tried and failed a TENS unit. An EMG in July 2014 showed chronic denervation of the L4-L5 region. A progress note on 8/7/14 indicated the claimant had been on Subsys and Opana for pain. Exam findings were notable for decreased range of motion of the lumbar spine and decreased range of motion. She had reduced the doses of both medications over the last 6 months. There were multiple trigger points. A progress note on 10/7/14 indicated the claimant had 8/10 pain. Exam findings were notable for tenderness in the lumbar spine with positive facet maneuvers. A spinal cord stimulator was considered and the claimant remained on Subsys, Opana, Robaxin, Gabapentin and Quazepam for sleep.

IMR ISSUES, DECISIONS AND RATIONALES

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

Opana ER 30mg; 30 day supply: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opioids
Page(s): 82-92.

Decision rationale: Opana is Oxymorphone. It is not indicated for mechanical or compressive etiologies. It is recommended for a trial basis for short-term use. Long Term-use has not been supported by any trials. The analgesic dose is 10-20mg. Long term use can lead to tolerance and reduced effectiveness. There is no mention of failure of 1st line medications such as Tylenol or Motrin. Continued use of Opana is not medically necessary.

Subsys 100mg; 30 day supply: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Fentanyl
Page(s): 47.

Decision rationale: Subsys is Fentanyl. According to the guidelines, Fentanyl is an opioid analgesic with a potency eighty times that of morphine. Fentanyl is not recommended as a first-line therapy. The FDA-approved product labeling states that Fentanyl is indicated in the management of chronic pain in patients who require continuous opioid analgesia for pain that cannot be managed by other means. In this case, the claimant had been on Opana - other long acting opioids. The claimant had been on the medications for months. There was no indication for combining multiple long acting opioids and no one opioid is superior to another. Continued use of Subsys is not medically necessary.

Quazepam 15mg; 1 month supply: Upheld

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

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

Decision rationale: The MTUS guidelines do not comment on insomnia. According to the ODG guidelines, insomnia medications recommend that treatment be based on the etiology, with the medications. Pharmacological agents should only be used after careful evaluation of potential causes of sleep disturbance. Failure of sleep disturbance to resolve in a 7 to 10 day period may indicate a psychiatric and/or medical illness. Primary insomnia is generally addressed pharmacologically. Secondary insomnia may be treated with pharmacological and/or psychological measures. Benzodiazepines are not recommended for long-term use because its efficacy is unproven and there is a risk of addiction. Most guidelines limit its use to 4 weeks and its range of action include: sedation, anxiolytic, anti-convulsants and muscle relaxant. FDA-approved benzodiazepines for sleep maintenance insomnia include estazolam (ProSom), flurazepam (Dalmane), quazepam (Doral), and temazepam (Restoril). Triazolam (Halcion) is

FDA-approved for sleep-onset insomnia. These medications are only recommended for short-term use due to risk of tolerance, dependence, and adverse events (daytime drowsiness, anterograde amnesia, next-day sedation, impaired cognition, impaired psychomotor function, and rebound insomnia) Quazepam is not on the approved list. Alternate medications and behavioral techniques were not mentioned. The use of Quazepam for insomnia is not medically necessary.