MAXIMUS Federal Services

| Case Number: | CM14-0216172 | | |
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| Date Assigned: | 01/06/2015 | Date of Injury: | 02/22/1996 |
| Decision Date: | 02/24/2015 | UR Denial Date: | 11/25/2014 |
| Priority: | Standard | Application Received: | 12/24/2014 |

## 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: North Carolina
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:

This is a 58 year old female who suffered an industrial related injury on 2/22/96. A physician's report dated 4/1/14 noted the injured worker had complaints of neck pain, upper and low back pain, bilateral shoulder, upper arm, elbow, forearm, wrist, hand, thumb, and finger pain. Other complaints included bilateral upper leg, knee, lower leg, ankle, heel, foot, and toe pain. Numbness and tingling was noted in the arms, hands, legs, and feet. A physician's report dated 12/19/14 noted the injured worker had carpal tunnel syndrome in 1996 and underwent a left carpal tunnel release. Two spinal cord stimulators were inserted for the upper and lower extremities. Physical examination findings included diffuse allodynia in all 4 extremities and gross muscular wasting in all 4 extremities. The motor exam was difficult to carry out secondary to guarding but no focal weakness was noted. Reflexes were 1+ and equal at the biceps, triceps, brachia radialis, patellar, and Achilles region. On 11/25/14 the utilization review (UR) physician denied the requests for Ambien 10mg #30 with 3 refills, Fentanyl 75mcg/hr patch #10, and Keppra 500mcg #60 with 3 refills. Regarding Ambien, the UR physician noted the Official Disability Guidelines (ODG) does not support the prolonged use of this medication and proper sleep hygiene had not been discussed. Therefor Ambien was non-certified. Regarding Fentanyl, the UR physician noted the ODG does not recommend Fentanyl for musculoskeletal pain. The request was non-certified. Regarding Keppra, the UR physician noted the Medical Treatment Utilization Schedule guidelines state antiepileptic drugs should be used to treat neuropathic pain only when Carbamazepine, Gabapentin, or Lamotrigine cannot be used. There was no

documentation that the injured worker could not take Carbamazepine, Gabapentin, or Lamotrigine, therefore the request was non-certified.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Ambien 10mg #30 with 3 refills:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), 12th edition (web), 2014, Pain Chapter, Zolpidem (Ambien)

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Ambien

**Decision rationale:** The California MTUS and the ACOEM do not specifically address the requested medication. Per the ODG: Zolpidem is a prescription short-acting non-benzodiazepine hypnotic approved for the short-term treatment of insomnia. Proper sleep hygiene is critical to the individual with chronic pain. While sleeping pills, so-called minor tranquilizers and anti-anxiety medications are commonly prescribed in chronic pain, pain specialists rarely, if ever, recommend them for long-term use. There is also concern that they may increase pain and depression over the long-term. The medication is not intended for use greater than 6 weeks. There is no notation or rationale given for longer use in the provided progress reports or failure of such long-term treatment options such as sleep hygeine. For these reasons the request is not medically necessary.

**Fentanyl 75mcg/hr patch #10:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 47, 93. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), 12Edition (web), 2014, Pain Chapter, Fentanyl

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines opioids Page(s): 76-84.

**Decision rationale:** The California chronic pain medical treatment guidelines section on opioids states:On-Going Management. Actions Should Include: (a) Prescriptions from a single practitioner taken as directed, and all prescriptions from a single pharmacy. (b) The lowest possible dose should be prescribed to improve pain and function. (c) Office: Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Information from family members or other caregivers should be considered in determining the patient's response to treatment. The 4 A's for Ongoing Monitoring: 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 non-adherent) 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. (d) Home: To aid in pain and functioning assessment, the patient should be requested to keep a pain dairy that includes entries such as pain triggers, and incidence of end-of-dose pain. It should be emphasized that using this diary will help in tailoring the opioid dose. This should not be a requirement for pain management. (e) Use of drug screening or inpatient treatment with issues of abuse, addiction, or poor pain control. (f) Documentation of misuse of medications (doctor-shopping, uncontrolled drug escalation, drug diversion). (g) Continuing review of overall situation with regard to non-opioid means of pain control. (h) Consideration of a consultation with a multidisciplinary pain clinic if doses of opioids are required beyond what is usually required for the condition or pain does not improve on opioids in 3 months. Consider a psych consult if there is evidence of depression, anxiety or irritability. Consider an addiction medicine consult if there is evidence of substance misuse. When to Continue Opioids (a) If the patient has returned to work (b) If the patient has improved functioning and pain. The long-term us of this medication is not recommended unless certain objective outcome measures have been met as defined above. There is no provided objective outcome measure that shows significant improvement in function while on the medication. There is no evidence of failure of other conservative treatment modalities and other first line choices for chronic pain. There is no documentation of significant improvement in VAS scores while on the medication. For these reasons criteria for ongoing and continued use of the medication have not been met. Therefore the request is not medically necessary.

**Keppra 500mcg #60 w/3 refills:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 21-22.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines keppra Page(s): 22.

**Decision rationale:** The California MTUS section on anti-epilepsy medications and Keppra states:Levetiracetam (Keppra, no generic), Zonisamide (Zonegran, no generic), and Tiagabine (Gabitril, no generic), are among the antiepileptic drugs (AEDs) most recently approved, while these drugs may be effective for neuropathic pain, the ultimate role of these agents for pain requires further research and experience (ICSI, 2007) (Knotkova, 2007) (Eisenberg, 2007). In the interim, these agents should be used to treat neuropathic pain only when carbamazepine, gabapentin, or lamotrigine cannot be used. (Guay, 2003) In addition, underlying depression andanxiety symptoms may be exacerbated by levetiracetam. (Ettinger, 2007)The provided documentation does not show that the patient has met the criteria for the use of this medication in the treatment of neuropathic pain. Therefore the request is not certified.