

Case Number:	CM14-0216766		
Date Assigned:	01/06/2015	Date of Injury:	08/10/2012
Decision Date:	03/04/2015	UR Denial Date:	11/25/2014
Priority:	Standard	Application Received:	12/26/2014

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. 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: Colorado
 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:

49 year old male with cumulative trauma 1/1/2004 through 8/10/2012 and acute injuries March 2009 and August 2012, continues care with the treating physician. Patient has multiple pain complaints including neck pain, low back pain without radicular symptoms, right ankle and foot pain, tooth pain, left cheek and eye pain. Patient also complains of difficulty falling asleep and staying asleep with frequent awakenings. The records indicate he has tried and failed over the counter medications and behavioral modification to sleep hygiene. Patient has also tried Physical Therapy, Aquatic Therapy, and acupuncture with incomplete relief of pain symptoms. Patient is maintained on medications, which include Hydrocodone/APAP. The treating physician requests refill on Hydrocodone/APAP and a new prescription for Sonata.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydrocodone/APAP 2.5/325mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Weaning of medications.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pain Interventions and Treatments Page(s): 79-80, 85, 88-89, and 91.

Decision rationale: The Guidelines establish criteria for use of opioids, including long term use (6 months or more). When managing patients using long term opioids, the following should be addressed: Re-assess the diagnosis and review previous treatments and whether or not they were helpful. When re-assessing, pain levels and improvement in function should be documented. Pain levels should be documented every visit. Function should be evaluated every 6 months using a validated tool. Adverse effects, including hyperalgesia, should also be addressed each visit. Patient's motivation and attitudes about pain / work / interpersonal relationships can be examined to determine if patient requires psychological evaluation as well. Aberrant / addictive behavior should be addressed if present. Do not decrease dose if effective. Medication for breakthrough pain may be helpful in limiting overall medication. Follow up evaluations are recommended every 1-6 months. To summarize the above, the 4A's of Drug Monitoring (analgesia, activities of daily living, adverse side effects, and aberrant drug-taking Behaviors) have been established. 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. (Passik, 2000) Several circumstances need to be considered when determining to discontinue opioids: 1) Verify patient has not had failure to improve because of inappropriate dosing or under-dosing of opioids 2) Consider possible reasons for immediate discontinuation including diversion, prescription forgery, illicit drug use, suicide attempt, arrest related to opioids, and aggressive or threatening behavior in clinic. Weaning from the medication over 30 day period, under direct medical supervision, is recommended unless a reason for immediate discontinuation exists. If a medication contract is in place, some physicians will allow one infraction without immediate discontinuation, but the contract and clinic policy should be reviewed with patient and consequences of further violations made clear to patient. 3) Consider discontinuation if there has been no improvement in overall function, or a decrease in function. 4) Patient has evidence of unacceptable side effects. 5) Patient's pain has resolved. 6) Patient exhibits 'serious non-adherence.' Per the Guidelines, Chelminski defines 'serious substance misuse' or non-adherence as meeting any of the following criteria: (a) cocaine or amphetamines on urine toxicology screen (positive cannabinoid was not considered serious substance abuse); (b) procurement of opioids from more than one provider on a regular basis; (c) diversion of opioids; (d) urine toxicology screen negative for prescribed drugs on at least two occasions (an indicator of possible diversion); & (e) urine toxicology screen positive on at least two occasions for opioids not routinely prescribed. (Chelminski, 2005) 7) Patient requests discontinuing opioids. 8) Consider verifying that patient is in consultation with physician specializing in addiction to consider detoxification if patient continues to violate the medication contract or shows other signs of abuse / addiction. 9) Document the basis for decision to discontinue opioids. Likewise, when making the decision to continue opioids long term, consider the following: Has patient returned to work? Has patient had improved function and decreased pain with the opioids? For the patient of concern, the most recent note from treating physician does indicate pain is improved with current regimen which includes Hydrocodone/APAP. (Pain 8/10 without medications and 2-3/10 with medications) However, there is no recent assessment of function, no documentation of discussion or side effects or evidence of monitoring for aberrant drug taking behavior. There is no documentation of pain agreement in place or urine drug screen monitoring. As there is no consistent documentation of improved pain and or function and no documentation that the 4A's of drug monitoring are being addressed, the Hydrocodone/APAP is not medically indicated.

Sonata (Zaleplon) 10mg #30: 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)

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

Decision rationale: The MTUS and ACOEM do not address Sonata as sleep aid, so alternate source consulted. Sonata (Zaleplon) is a non-benzodiazepine sleep aid indicated for short term management of insomnia. Sonata has been shown to decrease time to onset of sleep, but has not been shown to decrease frequency of awakenings through the night. As sleep medication is only recommended after sleep problems have been thoroughly evaluated for underlying cause, Sonata should not be initiated until such evaluation has been done / documented. Furthermore, it is recommended that Sonata be trialed for 7-10 days, and if not helpful, then further evaluation for possible comorbidities should be undertaken. For the patient of concern, there is no documentation that comorbidities or underlying causes for insomnia have been discussed / evaluated. Furthermore, the requested #30 tablets of Sonata exceeds the recommended 7-10 day trial of medication. The request for Sonata #30 is not medically indicated.