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| <b>Case Number:</b>   | CM15-0120632 |                              |            |
| <b>Date Assigned:</b> | 07/01/2015   | <b>Date of Injury:</b>       | 02/06/1981 |
| <b>Decision Date:</b> | 08/04/2015   | <b>UR Denial Date:</b>       | 06/15/2015 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 06/22/2015 |

### 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: Texas, 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:

This is a 55 year old female patient, who sustained an industrial injury on February 6, 1981. The diagnoses include complex regional pain syndrome (CRPS), multiple revisions of humeral fracture and left shoulder pain. Several documents within the submitted medical records are difficult to decipher. Per the progress note dated June 5, 2015 she was not doing well and flaring up. She had pain at 8/10 with medications and at 9/10 without medications. Physical examination revealed looks better than last visit but still somewhat tired, range of motion of the left shoulder and neck not tolerated. The medications list includes atenolol, baclofen, methadone, oxycodone, percocet and zopiclone. She had a sympathetic block in the office on May 22, 2015. Treatment to date has included x-rays, multiple surgeries, sling, injections and medications. She has had urine drug screen on 5/5/2015 which was inconsistent for oxazepam. There is a request for Zolpidem, Methadone and Zyprexa.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Zolpidem 10 mg #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), Zolpidem (ambien), mental illness and distress.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chapter: Pain (updated 07/15/15) Zolpidem (Ambien).

**Decision rationale:** Zolpidem is a short-acting non benzodiazepine hypnotic. It is approved for short-term use only. CA MTUS does not specifically address this request. Per ODG guidelines, "Zolpidem is a short-acting non benzodiazepine hypnotic, which is approved for the short-term (7-10 days) treatment of insomnia. While sleeping pills, so-called minor tranquilizers, and anti-anxiety agents are commonly prescribed in chronic pain, pain specialists rarely, if ever, recommend them for long-term use. They can be habit-forming, and they may impair function and memory more than opioid pain relievers. There is also a concern that they may increase pain and depression over the long-term." A detailed history related to insomnia is not specified in the records provided. A trial of other non-pharmacological measures for treatment of insomnia is not specified in the records provided. In addition, zolpidem is approved for short-term use only. The request for Zolpidem 10 mg #30 is not medically necessary or fully established for this patient at this time.

**Methadone 10 mg #240:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), pain (chronic).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of Opioids Page 75-80 Methadones, page 61.

**Decision rationale:** Methadone is an opioid analgesic. According to CA MTUS guidelines, Methadone is "Recommended as a second-line drug for moderate to severe pain if the potential benefit outweighs the risk. The FDA reports that they have received reports of severe morbidity and mortality with this medication. This appears, in part, secondary to the long half-life of the drug (8-59 hours). Pain relief on the other hand only lasts from 4-8 hours..." According to the cited guidelines, "A therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. Before initiating therapy, the patient should set goals, and the continued use of opioids should be contingent on meeting these goals." The records provided do not specify that that patient has set goals regarding the use of opioid analgesic. The treatment failure with non-opioid medications for chronic pain (including antidepressants/ anti-convulsants), is not specified in the records provided. Other criteria for ongoing management of opioids are: "The lowest possible dose should be prescribed to improve pain and functions continuing review of overall situation with regard to non-opioid means of pain control. Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects...Consider the use of a urine drug screen to assess for the use or the presence of illegal drugs." The records provided do not provide a documentation of response in regards to

significant objective functional improvement to opioid analgesic for this patient. The continued review of the overall situation with regard to non-opioid means of pain control is not documented in the records provided. Response to lower potency opioids for chronic pain is not specified in the records provided. She has had urine drug screen on 5/5/2015 which was inconsistent for oxazepam. This patient does not meet criteria for ongoing continued use of opioids analgesic. The request for Methadone 10mg # 240 is not medically necessary or established for this patient, based on the clinical information submitted for this review and the peer reviewed guidelines referenced. If this medication is discontinued, the medication should be tapered, according to the discretion of the treating provider, to prevent withdrawal symptoms.

**Zyprexa 5 mg #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), chapter, pain.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chapter: Mental Illness & Stress (updated 03/25/15) Olanzapine (Zyprexa) Atypical antipsychotics.

**Decision rationale:** Per the ODG olanzapine is "Not recommended as a first-line treatment. Zyprexa (olanzapine) is used to treat the symptoms of psychotic conditions such as schizophrenia and bipolar disorder. There is insufficient evidence to recommend atypical antipsychotics for conditions covered in ODG." A detailed psychiatric history is not specified in the records provided. Evidence of schizophrenia and bipolar disorder is not specified in the records provided. Cited guidelines do not recommend olanzapine for this diagnosis. The request for Zyprexa 5mg # 30 is not medically necessary or fully established for this patient, based on the clinical information submitted for this review and the peer reviewed guidelines referenced.