

Case Number:	CM15-0148635		
Date Assigned:	08/12/2015	Date of Injury:	06/30/2006
Decision Date:	10/07/2015	UR Denial Date:	07/28/2015
Priority:	Standard	Application Received:	07/30/2015

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: 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:

The injured worker (IW) is a 53-year-old male who sustained an industrial injury 06-30-2006. Diagnoses include cervicgia, cervical and lumbar radiculopathy; cervical and lumbar degenerative disc disease; shoulder pain; rotator cuff injury; biceps tendon rupture; chronic pain syndrome; opioid dependence, temporomandibular joint disorder; gastroesophageal reflux disease; insomnia; and history of sleep apnea. Treatment to date has included medications, physical therapy, psychological evaluation and epidural steroid injections. According to the progress notes dated 7-8-2015, the IW reported continued pain in the neck, but improvement in his low back pain since the lumbar epidural steroid injection. Physical therapy and medications were reported to be helpful for his back pain. He complained of not sleeping well; Ambien helped him fall asleep, but not stay asleep. On examination, he appeared anxious. Patrick's, facet loading and Spurling's were all positive. Sensation was intact to light touch in the bilateral hands. Right biceps weakness was noted. There was tenderness to palpation over the cervical paraspinal muscles, upper trapezius muscles, scapular border, lumbar paraspinal muscles, sacroiliac joint region and bilateral greater trochanteric bursa. A request was made for Suboxone 8-2mg, two films daily, #30 for pain, Restoril 15mg, #30 for insomnia and random urine drug testing to determine levels of prescription and the presence of any non-prescription drugs.

IMR ISSUES, DECISIONS AND RATIONALES

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

Suboxone 8/2mg 2 films daily #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Buprenorphine Page(s): 26-27.

Decision rationale: Buprenorphine /Naloxone (Suboxone) is used for treatment of opioid addiction or for chronic pain after detoxification of opioid use. Its use as a patch has been used due to the advantages of no analgesic ceiling, good safety profile and ability to suppress opioid withdrawal. In this case, there is mention of opioid addiction but no mention of weaning or plan for detoxification. The claimant was on Buprenorphine for over 6 months. The continued use is not justified and not medically necessary.

Restoril 15mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter (Online Version).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) pain chapter/insomnia and pg 64.

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. According to the Chronic Pain Medical Treatment Guidelines, 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, anticonvulsant and muscle relaxant. In this case, the claimant had been on Ambien in the past for insomnia. Sleep disturbance or failure of behavioral interventions were not noted. Long-term use of insomnia medications including Benzodiazepines such as Restoril is not medically necessary.

Random urine drug testing: Overturned

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

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

Decision rationale: According to the California MTUS Chronic Pain Treatment Guidelines, urine toxicology screen is used to assess presence of illicit drugs or to monitor adherence to prescription medication program. In this case, the claimant has a history of opioid addiction. There were inconsistencies in results in January and July of 2015. The urine screens are medically necessary.