

Case Number:	CM15-0092295		
Date Assigned:	05/18/2015	Date of Injury:	07/28/2005
Decision Date:	07/01/2015	UR Denial Date:	05/08/2015
Priority:	Standard	Application Received:	05/13/2015

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: California
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 is a 38 year old male, who sustained an industrial injury on 07/28/2005. He has reported injury to the low back, left hip, and left thigh. The diagnoses have included chronic pain; sciatica; lumbar spondylosis; lumbar herniated nucleus pulposus; injury, hip and thigh; status post hip surgery; major depression, single episode, moderately severe, chronic. Treatment to date has included medications, diagnostics, epidural steroid injections, psychotherapy, physical therapy, and surgical intervention. Medications have included Oxycontin, Norco, Ambien, Wellbutrin XL, Xanax, Buspar, and Subutex. A progress note from the treating physician, dated 04/02/2015, documented a follow-up visit with the injured worker. Currently, the injured worker complains of anxiety and related symptoms are reduced; depression and related symptoms are somewhat reduced; insomnia is slightly worse; energy level is unchanged due to chronic pain; appetite and weight are stable; and sociability is still limited due to the fact that he is unable to participate in activities he enjoyed previous to his industrial accident. Objective findings included the injured worker is doing well on medication; he is stable and has had a good response to treatment; and there are no new symptoms or side effects. The treatment plan has included the request for Xanax 2mg #90; Buspar 30mg #60; Ambien 10mg #60; and Subutex 8mg #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Xanax 2mg #90: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines benzodiazepines Page(s): 24.

Decision rationale: The patient presents on 04/02/15 with improving anxiety symptoms, reduced depression symptoms, and increased insomnia secondary to chronic pain. The patient's date of injury is 07/28/05. Patient is status post lumbar ESI at L5-S1 level at a date unspecified and status post bilateral hip surgery in 2005. The request is for XANAX 2MG #90. The RFA was not provided. Progress note dated 04/02/15 does not include any physical examination findings, only a review of psychiatric complaints, case history, and medications. The patient is currently prescribed Ambien, Wellbutrin, Xanax, Buspar, and Subutex. Diagnostic imaging was not included. Patient's current work status is not specified. MTUS Chronic Pain Medical Treatment Guidelines, page 24 states, benzodiazepines are not recommended for long-term use because long-term efficacies are unproven and there is a risk of dependence."In regard to the request for a continuing prescription of Xanax for this patient's anxiety, the duration of therapy exceeds guidelines. While this patient presents with significant anxiety secondary to chronic pain, the requested 90 tablet prescription does not imply short duration therapy. Furthermore, records indicate that this patient has been receiving Xanax for anxiety since at least 10/09/14. Such a long course of treatment with Benzodiazepines carries a risk of dependence and loss of efficacy and is not supported by guidelines. Therefore, the request IS NOT medically necessary.

Buspar 30mg #60: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Pain: Anxiety medications in chronic pain.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Food and Drug Administration Guidelines for Buspar have the following regarding long-term use of this medication.

Decision rationale: The patient presents on 04/02/15 with improving anxiety symptoms, reduced depression symptoms, and increased insomnia secondary to chronic pain. The patient's date of injury is 07/28/05. Patient is status post lumbar ESI at L5-S1 level at a date unspecified, and status post bilateral hip surgery in 2005. The request is for BUSPAR 30MG #60. The RFA was not provided. Progress note dated 04/02/15 does not include any physical examination findings, only a review of psychiatric complaints, case history, and medications. The patient is currently prescribed Ambien, Wellbutrin, Xanax, Buspar, and Subutex. Diagnostic imaging was not included. Patient's current work status is not specified.Regarding Buspar, MTUS Guidelines are silent. Food and Drug Administration Guidelines for Buspar have the following regarding long-term use of this medication: "The effectiveness of BuSpar in long-term use, that is, for more

than 3 to 4 weeks, has not been demonstrated in controlled trials. There is no body of evidence available that systematically addresses the appropriate duration of treatment for GAD. However, in a study of long-term use, 264 patients were treated with BuSpar for 1 year without ill effect. Therefore, the physician who elects to use BuSpar for extended periods should periodically reassess the usefulness of the drug for the individual patient."In this case, the patient is prescribed Buspar for chronic anxiety and has been receiving this medication since at least 10/09/14. Addressing the efficacy of this medication, psychiatric progress note dated 04/02/15 notes that this patient's anxiety symptoms are reduced. While MTUS and ODG are silent on the issue, FDA guidelines on this medication indicate that it may potentially be used long-term without ill effect, so long as it's utility is periodically reassessed. Given the established efficacy of this medication, continuation is substantiated. The request IS medically necessary.

Ambien 10mg #60: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Medications used to treat insomnia.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Pain Chapter, Zolpidem - Ambien-.

Decision rationale: The patient presents on 04/02/15 with improving anxiety symptoms, reduced depression symptoms, and increased insomnia secondary to chronic pain. The patient's date of injury is 07/28/05. Patient is status post lumbar ESI at L5-S1 level at a date unspecified, and status post bilateral hip surgery in 2005. The request is for AMBIEN 10MG #60. The RFA was not provided. Progress note dated 04/02/15 does not include any physical examination findings, only a review of psychiatric complaints, case history, and medications. The patient is currently prescribed Ambien, Wellbutrin, Xanax, Buspar, and Subutex. Diagnostic imaging was not included. Patient's current work status is not specified. MTUS Guidelines do not specifically address Ambien, though ODG-TWC, Pain Chapter, Zolpidem -Ambien- Section states: "Zolpidem is a prescription short-acting nonbenzodiazepine hypnotic, which is recommended for short-term 7-10 days treatment of insomnia. Proper sleep hygiene is critical to the individual with chronic pain and often is hard to obtain. Various medications may provide short-term benefit. 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 concern that they may increase pain and depression over the long-term."In regard to the continuation of Ambien for this patient's insomnia secondary to pain, the requesting provider has exceeded guideline recommendations. Progress notes indicate that this patient has been prescribed Ambien since at least 10/09/14 with documented benefits. However, ODG does not support the use of this medication for longer than 7-10 days, the requested 90 tablets in addition to previous use does not imply an intent to utilize this medication short-term. Therefore, the request IS NOT medically necessary.

Subutex 8mg #60: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CRITERIA FOR USE OF OPIOIDS Page(s): 76-78, 88-89. Decision based on Non-MTUS Citation Official disability guidelines Pain Chapter, Buprenorphine for chronic pain.

Decision rationale: The patient presents on 04/02/15 with improving anxiety symptoms, reduced depression symptoms, and increased insomnia secondary to chronic pain. The patient's date of injury is 07/28/05. Patient is status post lumbar ESI at L5-S1 level at a date unspecified, and status post bilateral hip surgery in 2005. The request is for SUBUTEX 8MG #60. The RFA was not provided. Progress note dated 04/02/15 does not include any physical examination findings, only a review of psychiatric complaints, case history, and medications. The patient is currently prescribed Ambien, Wellbutrin, Xanax, Buspar, and Subutex. Diagnostic imaging was not included. Patient's current work status is not specified. MTUS Guidelines pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4A's (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. ODG-TWC, Pain Chapter states: "Buprenorphine for chronic pain: Recommended as an option for treatment of chronic pain in selected patients -not first-line for all patients-. Suggested populations: 1. Patients with a hyperalgesic component to pain; 2. Patients with centrally mediated pain; 3. Patients with neuropathic pain; 4. Patients at high-risk of non-adherence with standard opioid maintenance; 5. For analgesia in patients who have previously been detoxified from other high-dose opioids. Use for pain with formulations other than Butrans is off-label. Due to complexity of induction and treatment the drug should be reserved for use by clinicians with experience." The medical file provided for review provides no discussion as to why this medication is prescribed. Guidelines indicate that this medication is intended for treatment of opiate addiction or as an option for chronic pain for patients who have a history of opiate addiction. The treating physician has provided no such discussion. Without a clearer picture of this patient's clinical history or evidence of prior opiate use, dependence, and cessation, the medical necessity of this medication cannot be substantiated. The treater also does not provide any documentation regarding this medication's efficacy, either. Owing to a lack of rationale as to why this medication is utilized, combined with a lack of 4A's documentation, continuation cannot be substantiated. The request IS NOT medically necessary.