

Case Number:	CM14-0143097		
Date Assigned:	09/10/2014	Date of Injury:	12/09/2006
Decision Date:	10/15/2014	UR Denial Date:	08/19/2014
Priority:	Standard	Application Received:	09/04/2014

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. The expert reviewer is Board Certified in Physical Medicine & Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in Texas and Ohio. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 62-year-old male who reported an injury on 12/09/2006 due to a motor vehicle accident. On 08/07/2014 the injured worker presented with complaints of right wrist pain. Prior surgeries included a wrist surgery and thoracic sympathectomies. Current medications including Lactulose, gabapentin, Norco, OxyContin, Zolpidem, and clonazepam. Diagnoses were complex regional pain syndrome and wrist fracture. The provider recommended OxyContin, clonazepam and Zolpidem. The provider's rationale was not provided. The Request for Authorization form was not included in the medical documents for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycontin 30mg extended release twice daily #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, On-going Management. Decision based on Non-MTUS Citation Official Disability Guideline (ODG), TWC Pain Chapter

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for use Page(s): 78.

Decision rationale: The request for Oxycontin 30mg extended release twice daily #60 is not medically necessary. The California MTUS Guidelines recommend the use of opioids of ongoing management of chronic pain. The guidelines recommend ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should be evident. There is lack of evidence of an objective assessment of the injured worker's pain level, functional status, evaluation of risk for aberrant drug abuse behavior, and side effects. Additionally, the efficacy of the prior use of the medication was not provided. As such, medical necessity has not been established.

Clonazepam 0.5mg three times daily #90 with 2 refills: Upheld

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

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

Decision rationale: The request for Clonazepam 0.5mg three times daily #90 with 2 refills is not medically necessary. The California MTUS Guidelines do not recommend the use of benzodiazepines for long term use because long term efficacy is not proven and there is risk of dependence. Most guidelines limit the use to 4 weeks. The provider recommended clonazepam 0.5 mg three times daily with a quantity of 90 and 2 refills. This exceeds the guidelines recommendation for short term therapy. There is lack of efficacy of the medication documented to support continued use. As such, medical necessity has not been established.

Zolpidem ER 12.5mg extended release 1 at bedtime #30 with 2 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), Pain Chapter

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

Decision rationale: The request for Zolpidem ER 12.5mg extended release 1 at bedtime #30 with 2 refills is not medically necessary. The Official Disability Guidelines state that Zolpidem is a prescription short acting nonbenzodiazepine hypnotic which is approved for the short term usually two to six week's treatment of insomnia. Proper sleep hygiene is critical to the individual with chronic pain and often hard to obtain. Various medications may provide short term benefit. While sleeping pills and anti-anxiety agents are commonly prescribed in chronic pain, pain specialists rarely 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. The provider's request for Zolpidem 12.5 mg extended release with a quantity of 30 and 2 refills exceeds the guidelines recommendations for short term use. As such, medical necessity has not been established.