

<b>Case Number:</b>	CM13-0019059		
<b>Date Assigned:</b>	10/11/2013	<b>Date of Injury:</b>	06/06/2002
<b>Decision Date:</b>	02/03/2014	<b>UR Denial Date:</b>	08/23/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/03/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Pediatric Rehabilitative Medicine, and is licensed to practice in Texas. 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 physician 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.

### 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 patient is a 72-year-old who reported an injury on 06/06/2002. The mechanism of injury was noted to have occurred when the patient stepped into a drum and injured his back and knee. His symptoms are noted as ongoing neck, shoulders, low back, and knee pain. His medications were listed as Norco 10/325 mg 2 to 3 a day, Soma 350 mg once to twice daily, Prilosec 20 mg twice a day, Lactulose as needed for constipation, and Ultram 50 mg 1 to 2 tabs daily as needed. His diagnoses were listed as chronic low back pain, bilateral lower extremity weakness and pain, status post decompressive surgery at L3-4 and L4-5 in 08/2008; chronic right knee pain, status post total knee replacement on 07/29/2011, weak vocal cords with raspy voice following his surgery; chronic neck pain, history of multilevel spinal fusion in 06/2008; multilevel degenerative disease of the lumbar spine, scoliosis convexing to the right, severe canal stenosis at L4-5, grade I spondylolisthesis, and bilateral foraminal narrowing; chronic right shoulder pain, rotator cuff tear arthropathy with chronic complete tears at the supraspinatus, infraspinatus, and subscapularis tendons; and chronic left shoulder pain. It was noted at his 10/03/2013 visit that he was given a 2 months supply of his Norco which was the only medication the patient stated he was taking.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Ambien 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.

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

**Decision rationale:** The Official Disability Guidelines state that zolpidem is a prescription short acting nonbenzodiazepine hypnotic which is approved for the short-term (usually 2 to 6 weeks) treatment of insomnia. It further states that 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. As the guidelines state that this medication should not be used for longer than 2 to 6 weeks, and the patient's most recent note dated 10/03/2013 stated he was only taking Norco, the request is not supported. The request for Ambien 10mg, 30 count, is not medically necessary or appropriate.

**Norco 10/325mg, 180:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines, Opioids Section. Page(s): 78..

**Decision rationale:** The Chronic Pain Medical Treatment Guidelines state that for patients taking opioid medications such as Norco, ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects is required. Additionally, documentation should include a detailed pain assessment and address the 4 A's (Analgesia, Activities of daily living, Adverse side effects, and Aberrant drug taking behaviors ) for ongoing monitoring. This detailed documentation required by the guidelines was not provided in the patient's recent office notes. Without the appropriate documentation regarding the patient's pain relief, functional status, appropriate medication use, side effects, and aberrant drug taking behaviors, the request is not supported. The request for Norco 10/325mg, 180 count, is not medically necessary or appropriate.

**Colace 100mg, 60:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines, Opioids, Criteria for Use Section Page(s): 77.

**Decision rationale:** The Chronic Pain Medical Treatment Guidelines state that prophylactic treatment of constipation should be initiated when patients are started on opioid medications. As the request for the patient's Norco was non-certified, the request for Colace to treat opioid induced constipation is not supported. The request for Colace 100mg, 60 count, is not medically necessary or appropriate.

**Zanaflex, 4 mg, 60:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines, Muscle Relaxants Section Page(s): 63-66..

**Decision rationale:** The Chronic Pain Medical Treatment Guidelines state that tizanidine or Zanaflex is a centrally acting alpha II androgenic agonist that is FDA approved for the management of spasticity and also used off label for low back pain. A study demonstrated a significant decrease in pain associated with chronic myofascial pain syndrome and the authors recommend it as a first line option to treat myofascial pain. In general, the Chronic Pain Medical Treatment Guidelines state that muscle relaxants are recommended with caution as a second line option for short-term treatment of acute exacerbations and patients with chronic low back pain. The clinical information provided for review fails to show how the patient is using the prescription for Zanaflex including the duration of treatment, and therefore a request cannot be made. Additionally, the most recent office note does not include Zanaflex on the patient's medication list and it is noted that the patient reported he was only taking Norco at that time. The request for Zanaflex, 4 mg, 60 count, is not medically necessary or appropriate.