

<b>Case Number:</b>	CM13-0020428		
<b>Date Assigned:</b>	10/11/2013	<b>Date of Injury:</b>	07/10/2009
<b>Decision Date:</b>	01/30/2014	<b>UR Denial Date:</b>	08/26/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/05/2013

### 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 Family Practice and is licensed to practice in California. 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. 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 patient is a 52-year-old injured worker who reported injury on 07/10/2009 with a mechanism of injury that was not provided. The patient was noted to have a C4-5, C5-6, and C6-7 anterior cervical discectomy and fusion on 06/28/2013. The patient was noted to have spasms in the trapezius muscle. The patient's diagnoses were noted to include insomnia and status post C4-5, C5-6 and C6-7 anterior cervical discectomy and fusion on 06/28/2013. The request was made for 1 prescription of Norco 10/325 mg, quantity 60, one prescription of Zolpidem 10 mg, quantity 30, Tizanidine 4 mg, quantity 120, and APAP with codeine 300/300 mg, quantity 60.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **1 prescription of Norco 10/325mg, quantity 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 Norco, On-going Management Page(s): 75, 78.

**Decision rationale:** The California MTUS Chronic Pain Medical Treatment Guidelines recommend short acting opioids such as Norco for controlling chronic pain. For ongoing management, there should be documentation of the 4 A's including analgesia, activities of daily

living, adverse side effects and aberrant drug taking behavior. The clinical documentation submitted for review failed to provide the efficacy of the requested medication. Additionally, it failed to provide documentation of the "4 A's" to support ongoing treatment. The request for 1 prescription of Norco 10/325 mg, quantity 60 is not medically necessary and appropriate.

**1 prescription of Zolpidem 10mg, quantity 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)

**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, Online Version

**Decision rationale:** The Official Disability Guidelines indicates the request for Zolpidem, for the short-term treatment of insomnia, generally 2 - 6 weeks. The clinical documentation submitted for review indicated the patient had been on the medication 07/31/2013 and it was renewed at that time. The clinical documentation failed to provide the efficacy of the requested medication and failed to provide the necessity for long-term treatment. The request for 1 prescription Zolpidem 10 mg, quantity 30 is not medically necessary and appropriate.

**1 prescription of Tizanidine 4mg, quantity 120: 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 Tizanidine Page(s): 66.

**Decision rationale:** The California MTUS Chronic Pain Medical Treatment guidelines recommend Tizanidine (Zanaflex®) as non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP. The clinical documentation submitted for review indicated the patient had been on the medication on 07/31/2013 and failed to provide the efficacy of the requested medication. Additionally, it failed to provide the patient had trialed a first line option and failed to provide the necessity for long-term treatment. The request for 1 prescription of tizanidine 4 mg, quantity 120 is not medically necessary and appropriate.

**1 prescription of APAP with codeine 300/300mg, quantity 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 Opioid, Pure-Agonist, On-going Management, Codeine Page(s): 74, 78, 92.

**Decision rationale:** The California MTUS Chronic Pain Medical Treatment Guidelines indicate that Tylenol w/ Codeine 3 should be used for moderate to severe pain and there should be documentation of the 4 A's for Ongoing Monitoring including analgesia, activities of daily living, adverse side effects and aberrant drug taking behavior. The clinical documentation submitted for review failed to provide the documentation of the "4 A's." Additionally, it failed to provide the necessity for 2 medications in the same classification of short acting opioids. The request for 1 prescription of APAP with codeine 300/300 mg, quantity 60 is not medically necessary and appropriate.