

Case Number:	CM13-0026078		
Date Assigned:	11/22/2013	Date of Injury:	10/28/2003
Decision Date:	01/21/2014	UR Denial Date:	08/26/2013
Priority:	Standard	Application Received:	09/18/2013

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 & Rehabilitation, 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 male who reported an injury on 10/28/2003. The mechanism of injury was not specifically stated. The subjective complaints include low back pain with radiation to the bilateral lower extremities, as well as neck pain that radiates to the right upper extremity. His pain was rated as 6/10 with medications, and 9/10 without medications, at his most recent office visit on 07/24/2013. Physical exam findings included moderate reduction to the lumbar range of motion secondary to pain, tenderness to palpation in the lumbar spine at the L4 to S1 levels, lumbar paraspinous muscle spasm was noted on palpation, moderate reduction to the range of motion of the cervical spine, vertebral tenderness was noted in the cervical spine at the C4 to C7 level, and the sensory and motor examinations were noted to be normal. The patient's diagnoses were listed as lumbar radiculopathy, cervical radiculopathy, left shoulder pain, chronic pain, left hip pain, and insomnia secondary to chronic pain. His medications were listed as hydrocodone/APAP 10/325 mg, 1 tab every 6 hours for pain, tizanidine 4 mg, 1 twice daily for spasm, and zolpidem 10 mg, and 1/2-1 tab at bedtime. It was noted that the patient was counseled as to the benefits, risks, and potential side effects of the prescribed medications. It was also noted that the patient was a long-term user of opiates, has a diagnosis which includes chronic pain, and NSAIDs and other alternative analgesics were either ineffective or not well tolerated. The opiate analgesic effect was noted to allow the patient to increase and maintain activities of daily living and function. It was noted that there were no significant adverse drug side effects with the medications, the patient had been compliant with the medication use, and a pain contract was on file. It was also noted that the patient was monitored by periodic urine drug testing and CURES reporting. Assessment was noted to have been done for potential sequelae

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydrocodone Bit/Apap 10/325, #240: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for Use, On-going Management Page(s): 78.

Decision rationale: The California MTUS Guidelines state that for ongoing management of patients who take opioid medications, review and documentation of pain relief, functional status, appropriate medication use, and side effects is required. It is also recommended that there is documentation regarding the 4 A's for ongoing monitoring which include analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors. The documentation regarding opioid medications in the patient's most recent note dated 07/24/2013 was extensive and met the criteria for ongoing management of opioid medications. This included information indicating the opiate analgesic effect was noted to allow the patient to increase and maintain activities of daily living and function. It was noted that there were no significant adverse drug side effects with the medications, the patient had been compliant with the medication use, and a pain contract was on file. It was also noted that the patient was monitored by periodic urine drug testing and CURES reporting. Assessment was noted to have been done for potential sequelae of therapy including opioid induced hyperalgesia, tolerance, pseudo addiction, and addiction. Therefore, the request is certified.

Tizanidine 4 mg, #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 Muscle Relaxants, Tizanidine (Zanaflex®), generic available) Page(s): 66.

Decision rationale: California MTUS Guidelines state that tizanidine is FDA approved for management of spasticity, as well as unlabeled use for low back pain. It was noted that 8 studies have demonstrated efficacy for low back pain, and 1 study demonstrated a significant decrease in pain associated with chronic myofascial pain syndrome and the authors recommended its use as a first line option to treat myofascial pain. The patient has been shown to have symptoms related to chronic pain; however, the clinical information submitted did not specifically address the efficacy of this medication for the patient to support continuation. For this reason, the request is non-certified.

Zolpidem 10 mg, #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 (ODG), Pain, Zolpidem

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: According to Official Disability Guidelines, zolpidem is a prescription short acting nonbenzodiazepine hypnotic, which is approved for the short-term (2 to 6 weeks) treatment of insomnia. It further states that while sleeping pills, minor tranquilizers, and anti-anxiety agents are commonly prescribed in chronic pain, pain specialists rarely recommend them for long-term use as they can be habit forming, they may impair function and memory, even more than opioid pain relievers. It also states there is concern that they may increase pain and depression over the long-term. The patient was stated to have insomnia related to chronic pain and had a prescription for zolpidem 10 mg one half to one tab at bedtime; however, as the use of zolpidem is not recommended for long-term use, it's use is not supported. Therefore, the request is non-certified.