

<b>Case Number:</b>	CM13-0036962		
<b>Date Assigned:</b>	12/13/2013	<b>Date of Injury:</b>	05/27/2011
<b>Decision Date:</b>	02/17/2014	<b>UR Denial Date:</b>	09/25/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/22/2013

### 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 Internal Medicine and Pulmonary Diseases, 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 55-year-old male who reported an injury on 5/27/11. The patient is diagnosed with lumbar degenerative disc disease, lumbar radiculopathy, and left knee pain. The patient was seen by [REDACTED] on 12/4/13. The patient reported 7-8/10 pain with sleep disruption. Physical examination revealed limited lumbar range of motion, paravertebral muscle hypertonicity, tight muscle banding, and tenderness over the sacroiliac spine. The patient also demonstrated significant guarding in the left knee. Treatment recommendations included a urine toxicology report and continuation of current medication.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**30 Zanaflex 2mg:** Upheld

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

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

**Decision rationale:** The California MTUS Guidelines state that muscle relaxants are recommended as non-sedating second-line options for short-term treatment of acute exacerbations in patients with chronic low back pain. However, they show no benefit beyond

NSAIDs in pain and overall improvement. Efficacy appears to diminish over time, and prolonged use may lead to dependence. As per the clinical notes submitted, the patient has continuously utilized this medication. Despite the ongoing use, the patient continues to report high levels of pain with sleep disruption. The patient's physical examination continues to reveal paravertebral muscle tenderness with hypertonicity and tight muscle banding. Based on the clinical information received, ongoing use of this medication cannot be determined as medically appropriate. Therefore, the request is non-certified.

**60 Norco 5/325mg:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-82.

**Decision rationale:** The California MTUS Guidelines state that a therapeutic trial of opioids should not be employed until the patient has failed a trial of nonopioid analgesics. Baseline pain and functional assessments should be made. Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should occur. The patient has continuously utilized this medication. Despite ongoing use, the patient continues to report high levels of pain. Satisfactory response to treatment has not been indicated. Additionally, it was noted on 11/6/13 by [REDACTED], the patient's prescription for Norco was discontinued, as the patient reported positive for alcohol on a urine toxicology screening. The provider indicated that he would no longer prescribe this patient opioid medication. Based on the clinical information received, the request is non-certified.

**20 Ambien 5mg:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, and [REDACTED] Drug Consult

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines

**Decision rationale:** The Official Disability Guidelines state that insomnia treatment is recommended based on etiology. Ambien is indicated for the short-term treatment of insomnia with difficulty of sleep onset for 7-10 days. Empirically supported treatment includes stimulus control, progressive muscle relaxation, and paradoxical intention. As per the clinical notes submitted, the patient has continuously utilized this medication. Despite ongoing use, the patient continues to report sleep disruption. Satisfactory response to treatment has not been indicated. Guidelines do not recommend long-term use of this medication. There is also no evidence of a failure to respond to nonpharmacologic treatment for insomnia. Based on the clinical information received, the request is non-certified.

**60 Neurontin 300mg: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 16-18.

**Decision rationale:** The California MTUS Guidelines state that anti-epilepsy drugs are recommended for neuropathic pain. Gabapentin has been shown to be effective for treatment of diabetic painful neuropathy and postherpetic neuralgia, and has been considered as a first-line treatment for neuropathic pain. The patient has continuously utilized this medication. Despite ongoing use, the patient continues to report high levels of pain with sleep disruption. The patient's physical examination does not indicate functional improvement. Based on the clinical information received, the request is non-certified.