

Case Number:	CM13-0047808		
Date Assigned:	12/27/2013	Date of Injury:	05/12/2007
Decision Date:	04/18/2014	UR Denial Date:	09/30/2013
Priority:	Standard	Application Received:	11/04/2013

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 Orthopedic Surgery 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 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 patient was injured on 05/12/2007. The mechanism of injury is unknown. Diagnostic studies reviewed include MRI of the lumbar spine without contrast performed 02/11/2013 revealed mild disc desiccation at L3-L4 and L4-L5, but showed no focal disc protrusion or spinal/neural foraminal canal stenosis. Review for Authorization note dated 01/13/2014 indicated the patient continued to complain of low back pain with right lower extremity pain to the foot. Medicines were helping and stable. She used all the medicines prescribed and they helped with pain sleep and depression. Objective findings on exam revealed the patient was lying in the left lateral position. She was alert, oriented and cognitive in no apparent distress. Her mood was calm and participative. She had baseline grooming. Her speech was clear without sedation and gait was erect and independent. The patient was diagnosed with 1) Lumbar DDD with right greater than left lower extremity radicular pain which is worsening; 2) History of GERD, stable on Prilosec; 3) Long acting and short acting opiate; 4) Myofascial pain; and 5) Disabled.

IMR ISSUES, DECISIONS AND RATIONALES

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

SENNA 86 MG, #180 WITH 3 REFILLS: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 77. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain (Chronic), Opioid-induced constipation treatment

Decision rationale: Senna is an FDA-approved nonprescription laxative used to treat constipation. As per CA MTUS and ODG, prophylactic treatment of constipation should be initiated. In this case, this patient has been prescribed long-term opioids; however, the use of opioids medications is not recommended and hence the request for Senna is non-certified.

MS CONTIN 60 MG, #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 76-93.

Decision rationale: As per CA MTUS guidelines, "four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids; pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or nonadherent) drugrelated behaviors. These domains have been summarized as the "4 A's" (analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behaviors)." In this case, records review indicates that this patient has chronic lower back pain and has been prescribed Ms Contin chronically. There is no documentation of functional improvement or reduction in pain level with the use of this medication. Also guidelines recommend that dosing not exceed 120 mg oral morphine equivalents per day for patients taking more than one opioid. This patient has been prescribed MS Contin 60 mg #60 and Dilaudid 4 mg #180, which exceeds the guidelines recommended maximum dose per day. Thus, the request for continued use of MS Contin is noncertified. Further guidelines recommend slow tapering/weaning process for the individuals having long-term use of opioids due to the risk of withdrawal symptoms.

DILAUDID 4 MG, #180: Upheld

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 Page(s): 76-93.

Decision rationale: As per CA MTUS guidelines, "four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids; pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or nonadherent) drugrelated behaviors. These domains have been summarized as the "4 A's" (analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behaviors)." In this case, records review indicates that this patient has chronic lower back pain and has been prescribed Dilaudid chronically. There is no documentation of functional improvement or

reduction in pain level with the use of this medication. Also guidelines recommend that dosing not exceed 120 mg oral morphine equivalents per day for patients taking more than one opioid. This patient has been prescribed MS Contin 60 mg #60 and Dilaudid 4 mg #180, which exceeds the guidelines recommended maximum dose per day. Thus, the request for continued use of Dilaudid is noncertified. Further guidelines recommend slow tapering/weaning process for the individuals having long-term use of opioids due to the risk of withdrawal symptoms.

ZANAFLEX 4 MG, #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 63-66. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, MUSCLE RELAXANTS, PAGE 63-66

Decision rationale: As per CA MTUS guidelines, muscle relaxants are recommended with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic lower back pain. As per guidelines, Zanaflex is a centrally acting alpha2-adrenergic agonist that is FDA approved for management of spasticity; unlabeled use for low back pain. In this case, this patient is having chronic lower back pain without any documentation of a recent or acute exacerbation of lower back pain. This patient has been prescribed Zanaflex chronically without documentation of any significant functional improvement with the use of this medication. As such, the request is non-certified.

AMBIEN 10 MG, #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 (Chronic), Zolpidem (Ambien)

Decision rationale: CA MTUS guidelines do not discuss the issue in dispute and hence ODG have been consulted. As per ODG, Zolpidem (Ambien) is a prescription short-acting nonbenzodiazepine hypnotic, which is approved for the short-term (usually two to six weeks) treatment of insomnia. In this case, this patient has sleep disorder secondary to chronic lower back pain and has been prescribed this medication since 2011. This exceeds the guidelines recommendation of 6 weeks and also there is no documentation of improved sleep pattern or quality with the use of this medication. As such, the request for Ambien 10 mg is non-certified.