

Case Number:	CM13-0052410		
Date Assigned:	12/27/2013	Date of Injury:	03/10/2005
Decision Date:	05/05/2014	UR Denial Date:	10/03/2013
Priority:	Standard	Application Received:	10/03/2013

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 Internal Medicine, and is licensed to practice in the District of Columbia and Virginia. 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:

This is a 61 year old woman who sustained injury while working as a CNA on Mar 10 2005. She was moving a patient to a gurney which led to a back injury. She had ongoing pain since then. ■■■■■ saw the patient on Aug 1 2013 and prescribed Vicodin, Ambien 5mg qhs, tizanidine 4mg bid prn and follow up in 2 months. ■■■■■ saw the patient on Oct 24 2012 for lumbar spine degenerative disease and prescribed Ambien, Anaprox, Omeprazole, zanaflex, norco and aqua-therapy. ■■■■■ saw the patient on Feb 21 2013 and Apr 8 2013 and found that the patient had Final Determination Letter for IMR Case Number ■■■■■ unresolved pain complaints due to lumbar spine degenerative disc disease. Prior medications were continued , in addition to omeprazole and voltaren gel.

IMR ISSUES, DECISIONS AND RATIONALES

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

VICODIN 5/300MG QTY: 120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 91.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 51, 74-75, 91, 123.

Decision rationale: Hydrocodone is a semi-synthetic opioid which is considered the most potent oral opioid that does not require special documentation for prescribing in some states (not including California). See Opioids. Prolonged usage of narcotics is not recommended due to concerns for tolerance and dependency. The employee had been on this medication over 6 months and did not show any improvement in function or pain levels. Therefore, it is not medically needed.

ZOLPIDEM 5MG QTY: 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) ZOLPIDEM (AMBIEN)

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

Decision rationale: Ambien (zolpidem) is a short-acting sedative hypnotic. It is used to treat insomnia for about 2-6 weeks. Proper sleep hygiene is critical to the individual with chronic pain and often is hard to obtain. Various medications may provide short term benefit. 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. They can be habit forming and they may impair function and memory more than opioid pain relievers. There is also concern that they may increase pain and depression over the long term. Ambien CR offers no significant clinical advantage over regular release ambien. Ambien CR is approved for chronic use, but chronic use of hypnotics in general is discouraged, as outline in insomnia treatment. (ambien and ambien CR package insert). Cognitive behavioral therapy (CBT) should be an important part of an insomnia treatment plan. A study of patients with persistent insomnia found that the addition of zolpidem immediate release to CBT was modestly beneficial during acute (first 6 weeks) therapy but better long-term outcomes were achieved when ambien IR was discontinued and maintenance of CBT continued. The employee had been on this therapy for over this time period and there was no medical establishment of this medication found. It is therefore not medically indicated.

TIZANIDINE 4MG QTY: 60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 66.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tizanidine (Zanaflex, generic available) Page(s): 66.

Decision rationale: Tizanidine (Zanaflex®[®], generic available) is a centrally acting alpha 2-adrenergic agonist that is FDA approved for management of spasticity; unlabeled use for low back pain. Eight studies have demonstrated efficacy for low back pain. One study (conducted only in females) 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. May also provide benefit as an adjunct treatment for fibromyalgia. Side effects: somnolence, dizziness, dry mouth, hypotension, weakness, hepatotoxicity (LFTs should be monitored baseline, 1, 3, and 6 months). Dosing: 4 mg initial dose; titrate gradually by 2-4 mg every 6-8 hours until therapeutic effect with tolerable side-effects; maximum 36 mg per day. Use with caution in renal impairment; should be avoided in hepatic impairment. Tizanidine use has been associated with hepatic aminotransaminase elevations that are usually asymptomatic and reversible with discontinuation. The medication is approved for the conditions listed above. From the clinical documentation provided, a medical diagnosis consistent with indications for this therapy has not been demonstrated and it is not medically indicated.