

Case Number:	CM13-0069694		
Date Assigned:	01/03/2014	Date of Injury:	05/15/1987
Decision Date:	08/04/2014	UR Denial Date:	12/10/2013
Priority:	Standard	Application Received:	12/23/2013

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 Physical Medicine and Rehabilitation and is licensed to practice in Texas and Ohio. 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 injured worker is a 57-year-old female with reported date of injury on 05/15/1987. The mechanism of injury reportedly occurred from repetitive use while working as an LVN and lifting patients. The lumbar spine MRI dated 02/24/2013 revealed previous lumbar laminectomy. The injured worker complained of low back pain with bilateral sciatica pain. In addition, the injured worker stated that previous ESIs and facet joint injections were ineffective. Physical examination of the injured worker's lumbar spine revealed surgical scars, range of motion revealed flexion limited to 60 degrees, extension to 5 degrees and right lateral bending to 10 degrees, and left lateral bending to 15 degrees. Previous physical therapy and conservative care was not provided within the documentation available for review. The injured worker's diagnoses included lumbar radiculopathy, post lumbar laminectomy syndrome, and spinal lumbar degenerative disc disease. The injured worker's medication regimen included Kadian, Norco, tizanidine, Prilosec, Ambien, and lorazepam. The Request for Authorization for Zanaflex 4 mg #30, Norco 10/325 mg #120, Ambien 5 mg #20, Kadian 40 mg ER #60, and Prilosec 20 mg #30 with 3 refills was submitted on 12/28/2013. The rationale for the request was not provided within the documentation available for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Zanaflex 4 MG # 30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antispasticity/Antispasmodic Drugs: Tizanidine Page(s): 66.

Decision rationale: The California MTUS Guidelines indicate tizanidine is a centrally acting alpha 2 adrenergic agonist that is FDA approved for management of spasticity; unlabeled use for low back pain. One 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. There is a lack of documentation provided related to the injured worker experiencing muscle spasms. In addition, the injured worker's VAS score is not documented within the documentation available for review. According to the clinical information provided the injured worker has utilized tizanidine prior to 07/22/2013. There is lack of documentation related to the therapeutic and functional benefit related to the ongoing use of Zanaflex. In addition, the request as submitted failed to provide frequency and directions for use. Therefore, the request for Zanaflex 4 mg #30 is not medically necessary.

Norco 10/325 MG #120: Upheld

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

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

Decision rationale: The California MTUS Guidelines recommend the ongoing management of opioids should include the ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. According to the clinical documentation provided for review the injured worker has utilized Norco prior to 07/22/2013. There is a lack of documentation related to ongoing review of pain relief, functional status, appropriate medication use and side effects. There is lack of documentation related to the therapeutic and functional benefit in the long term use of Norco. In addition, the request as submitted failed to provide frequency and directions for use. Therefore, the request for Norco 10/325 mg #120 is not medically necessary.

Ambien 5 MG # 20: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation 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) Pain, Zolpidem (Ambien).

Decision rationale: The Official Disability Guidelines state that zolpidem is a prescription short acting nonbenzodiazepine hypnotic, which is approved for the short term (usually 2 to 6 weeks) treatment for insomnia. Proper sleep hygiene is critical to the individual with chronic pain and often is hard to obtain. 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. Zolpidem is linked to a sharp increase in ED visits, so it should be used safely for only a short period of time. According to the documentation provided for review, the injured worker has utilized Ambien prior to 07/22/2013. There is a lack of documentation related to the injured worker's complaints of functional deficits related to sleep. There is a lack of documentation related to the functional and therapeutic benefit in the ongoing use of Ambien. In addition, the Official Disability Guidelines recommend Zolpidem for short term use (generally 4 to 6 weeks). Therefore, the continued use of Ambien exceeds the recommended guidelines. In addition, the request as submitted failed to provide frequency and directions for use. Therefore, the request for Ambien 5 mg #20 is not medically necessary.

Kadian 40 MG ER # 60: Upheld

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

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

Decision rationale: The California MTUS Guidelines recommend the ongoing management of opioids should include the ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. The documentation provided for review indicates the injured worker has utilized Kadian prior to 07/22/2013. According to the clinical note dated 07/22/2013 the injured worker rated her axial pain as 6/10 and her extremity at 4/10 to 5/10. Clinical note dated 11/04/2013, indicates that the injured worker's pain remains unchanged. There is a lack of documentation related to the therapeutic and functional benefit related to the long term use of Kadian. There is a lack of documentation related to the pain relief, functional status, appropriate medication use, and side effects. In addition, the request as submitted failed to provide frequency and directions for use. Therefore, the request for Kadian 40 mg ER #60 is not medically necessary.

Prilosec 20 Mg # 30 With 3 Refills: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Prilosec.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms and Cardiovascular Risk.

Decision rationale: The California MTUS Guidelines indicate that patients at intermediate risk for gastrointestinal events should utilize nonselective NSAID with either a PPI (proton pump

inhibitor) or a Cox-2 selective agent. Long term PPI use has been shown to increase the risk of hip fractures. To determine if the patient is at risk for gastrointestinal events the documentation should include the injured worker is over the age of 65, history of peptic ulcer, GI bleeding or perforation, concurrent use of aspirin, corticosteroids, and/or anticoagulant or high dose/multiple NSAID use. According to the clinical documentation provided for review the injured worker has utilized omeprazole prior to 07/22/2013. There is a lack of documentation related to the therapeutic and functional benefit related to the long term use of Prilosec. In addition, there is a lack of documentation related to the history of peptic ulcer, GI bleeding or perforation, or the concurrent use of aspirin, corticosteroids, and/or anticoagulants. In addition, the request as submitted failed to provide frequency and directions for use. Therefore, the request for Prilosec 20 mg #30 with 3 refills is not medically necessary.