

Case Number:	CM13-0070669		
Date Assigned:	01/08/2014	Date of Injury:	01/06/2003
Decision Date:	05/30/2014	UR Denial Date:	12/03/2013
Priority:	Standard	Application Received:	12/24/2013

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 Anesthesia, has a subspecialty in Acupuncture & Pain Medicine 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 is a 64 year old female injured worker with date of injury 1/6/03 with related chronic low back pain. Per 11/04/13 report her pain level was under good control with Norco 6 per day. She was able to stay functional and active. She was under quite a bit of stress from having found out that her breast cancer has spread. She was treated with radiofrequency ablation bilateral low back 5/03 & 3/04 with partial relief. MRI dated 4/2003 demonstrated no evidence of frank herniation or stenosis. The documentation does not state if physical therapy was utilized. The date of UR decision was 12/03/13.

IMR ISSUES, DECISIONS AND RATIONALES

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

NORCO 10/325MG #540: 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): 78, 91.

Decision rationale: According to the MTUS Chronic Pain Medical Treatment Guidelines, regarding on-going management of opioids "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) drug related behaviors. These domains have been summarized as the '4 A's' (Analgesia, activities of daily living, adverse side effects, and any aberrant drug-taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs." Review of the submitted medical records reveals documentation supporting the medical necessity of Norco. Per the latest progress note dated 11/04/13, the injured worker's pain level was kept under control and she was able to remain functional and active with the use of 6 Norco a day. However, the request for #540 is excessive and cannot be supported. Therefore, the request for Norco 10/325 mg # 540 is not medically necessary and appropriate.

ZANAFLEX: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines ANTISPASTICITY/ANTISPASMODIC DRUGS Page(s): 66.

Decision rationale: According to the MTUS Chronic Pain Medical Treatment Guidelines "Tizanidine is a centrally acting alpha2-adrenergic agonist that is FDA approved for management of spasticity; unlabeled use for low back pain. (Malanga, 2008) Eight studies have demonstrated efficacy for low back pain. (Chou, 2007) 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." In this case, the 11/4/13 progress note, noted that the injured worker was "having a lot of leg spasms". Although it may be indicated, the request cannot be supported as it does not include dosage or quantity information. The request for Zanaflex is not medically necessary and appropriate.

AMBIEN 5MG#90: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Chronic Pain Chapter.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation non-mtus.

Decision rationale: With regard to Ambien, the Official Disability Guidelines (ODG) state "Zolpidem is a prescription short-acting nonbenzodiazepine hypnotic, which is approved for the short-term (usually two to six weeks) treatment of insomnia. 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." In this case, the 11/4/13 progress note indicates that the injured worker uses Ambien on a sporadic basis and has been using it since at least 2/2013. As this request is for a 3 month supply, it is not consistent with the guidelines' approval for short-term use. The request for Ambien 5 mg, # 90 is not medically necessary and appropriate.

ROBAXIN #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63-65.

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines recommends non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP. Muscle relaxants may be effective in reducing pain and muscle tension, and increasing mobility. However, in most LBP cases, they show no benefit beyond NSAIDs in pain and overall improvement. In this case, the 11/4/13 progress note, the treating physician indicated that they will be switching the patient from Robaxin to Zanaflex for leg spasms, as the Robaxin was did not provided the patient with any great benefit. Furthermore, the request does not include dosage information. The request for Robaxin # 90 is not medically necessary and appropriate.