

Case Number:	CM14-0000717		
Date Assigned:	01/17/2014	Date of Injury:	03/20/2001
Decision Date:	06/09/2014	UR Denial Date:	12/23/2013
Priority:	Standard	Application Received:	01/02/2014

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 Emergency Medicine and is licensed to practice in New York. 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 54-year-old female who was injured on March 20, 2001. The patient continued to experience low back pain. Physical examination was notable for ongoing tenderness to the lumbar spinal muscles. Diagnoses included post-laminectomy syndrome and status post partial right knee replacement. Treatment included medications, exercise, TENS unit, and chiropractic treatments. Requests for authorization for Ambien 5 mg # 90, Tizanidine 4 mg # 120, and Vicodin 5/500 # 30 with 3 refills were submitted for consideration.

IMR ISSUES, DECISIONS AND RATIONALES

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

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, Treatment Index, 11th Edition (web) 2013, Pain Chapter, 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).

Decision rationale: MTUS does not address this issue. Ambien is Zolpidem, prescription short-acting non-Benzodiazepine 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. 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 Zolpidem IR was discontinued and maintenance CBT continued. Zolpidem is linked to a sharp increase in ED visits, so it should be used safely for only a short period of time. In this case the patient had been using Zolpidem since at least December 2012. This surpasses the recommended short-term duration of two to six weeks. The request is not medically necessary.

TIZANIDINE 4MG #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pain Interventions And Guidelines Page(s): 63.

Decision rationale: Tizanidine is a muscle relaxant that acts centrally as an alpha2-adrenergic agonist that is FDA approved for management of spasticity. Side effects include somnolence, dizziness, dry mouth, hypotension, weakness, and hepatotoxicity. Non-sedating muscle relaxants are recommended with caution as a second-line option for short-term treatment (less than two weeks) 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. Also there is no additional benefit shown in combination with NSAIDs. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. Sedation is the most commonly reported adverse effect of muscle relaxant medications. These drugs should be used with caution in patients driving motor vehicles or operating heavy machinery. In this case the patient had been taking the medications since at least December 2012. This surpasses the recommended short-term duration of two weeks. The request is not medically necessary.

VICODIN 5/500MG #30 WITH 3 REFILLS: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pain Interventions And Guidelines Page(s): 74-96.

Decision rationale: Vicodin is the compounded medication containing Hydrocodone and Acetaminophen. Chronic Pain Medical Treatment Guidelines state that opioids are not

recommended as a first line therapy. Opioid should be part of a treatment plan specific for the patient and should follow criteria for use. Criteria for use include establishment of a treatment plan, determination if pain is nociceptive or neuropathic, failure of pain relief with non-opioid analgesics, setting of specific functional goals, and opioid contract with agreement for random drug testing. If analgesia is not obtained, opioids should be discontinued. The patient should be screened for likelihood that he or she could be weaned from the opioids if there is no improvement in pain of function. It is recommended for short term use if first-line options, such as Acetaminophen or (NSAIDS) non-steroidal anti-inflammatory drugs have failed. Acetaminophen is recommended for treatment of chronic pain & acute exacerbations of chronic pain. Acetaminophen overdose is a well-known cause of acute liver failure. Hepatotoxicity from therapeutic doses is unusual. Renal insufficiency occurs in 1 to 2% of patients with overdose. The recommended dose for mild to moderate pain is 650 to 1000 mg orally every 4 hours with a maximum of 4 g/day. In this case the patient had been treated with Vicodin since at least December 2012. There is no documentation that the patient has signed an opioid contract or that she is participating in urine drug testing. Criteria for long-term opioid use have not been met. The request is not medically necessary.