

<b>Case Number:</b>	CM14-0011633		
<b>Date Assigned:</b>	02/21/2014	<b>Date of Injury:</b>	10/28/2003
<b>Decision Date:</b>	06/13/2014	<b>UR Denial Date:</b>	01/06/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/29/2014

### 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 Physical Medicine and Rehabilitation, has a subspecialty in Sports Medicine and is licensed to practice in Texas. 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 52 year old male who reported an injury on 08/24/2000. The injured worker had a clinical evaluation on 12/11/2013 with complaints of neck pain that radiated bilaterally in his upper extremities and low back pain that radiated bilaterally to his lower extremities. He rated his pain at 8/10 with medications and 9/10 without medications. The examination findings included spinal vertebral tenderness in the cervical spine at C4-7, range of motion of the cervical spine was moderately limited due to pain and the pain was significantly increased with flexion, extension and rotation. The diagnosis for the injured worker were cervical radiculopathy, lumbar radiculitis, left hip pain, left shoulder pain and chronic pain. The injured worker underwent a urine drug screen on 11/16/2013, which was negative for allprescribed medications. The treatment plan included recommendations for a urine drug screen and refill of medications.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**HYDROCODONE/APAP 10/325MG #240:** Upheld

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

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

**Decision rationale:** The request for Hydrocodone/APAP 10/325mg #240 is non-certified. The CA MTUS Chronic Pain Medical Treatment Guidelines recommend ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. The pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. The pain assessment did not indicate Hydrocodone as effective in improving function and pain. Additionally, the injured worker underwent a urine drug screen on 11/16/2013 which was negative for all of the injured worker's prescribed medications. Therefore, the request is not medically necessary or appropriate.

**TIZANIDINE 4MG #120:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxant Section, Page(s): 63-66.

**Decision rationale:** The Chronic Pain Medical Treatment Guidelines recommend 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. 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. Tizanidine is a centrally acting alpha2-adrenergic agonist that is FDA approved for management of spasticity; unlabeled use for low back pain. Tizanidine has severe side effects and should be avoided in those with renal or hepatic impairment. The pain assessment does not indicate the therapeutic effectiveness of Tizanidine. The most recent urine drug screen did not indicate the presence of Tizanidine. The injured worker has been prescribed this medication since at least 11/2013 which would not be congruent with the guideline recommendations. Therefore, the request is not medically necessary or appropriate.

**ZOLPIDEM TARTRATE 10MG #60:** 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 Chapter, Zolpidem Section.

**Decision rationale:** The Official Dissability Guidelines (ODG) note 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. It was unclear how long the injured worker has been prescribed this medication. The efficacy of the medication was unclear. Additionally, the requesting physician did not include adequate documentation regarding the injured workers symptomatology. Therefore, the request for Zolpidem is not medically necessary or appropriate.