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| Case Number: | CM14-0112640 | | |
| Date Assigned: | 09/03/2014 | Date of Injury: | 03/31/2011 |
| Decision Date: | 10/15/2014 | UR Denial Date: | 06/30/2014 |
| Priority: | Standard | Application Received: | 07/18/2014 |

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 & Rehabilitation, 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 35-year-old female, who has submitted a claim for neck and shoulder strain associated with an industrial injury date of 03/31/2011. Medical records from 2014 were reviewed. The patient complained of neck pain, right arm pain, upper extremity numbness and difficulty sleeping. Physical examination revealed tenderness and tightness of the cervical spine. Range of motion of the cervical spine is limited. Treatment to date has included oral medications (Ambien since 01/2014, Zanaflex since 04/2014 and Fioricet since 04/2014), physical therapy and acupuncture. Utilization review from 06/30/2014 denied the request for Ambien 10mg #120 because there is no description of the nature of the sleep disturbance or rationale for the 10mg dose. The request for Zanaflex 4mg #240 was also denied because documentation does not show muscle spasm or exacerbation of low back pain. The request for Fioricet #240 was also denied because there is a lack of evidence that this BCA (barbiturate-containing analgesic) have increased efficacy over analgesics without barbiturates. Furthermore, Fioricet is usually prescribed for treating headaches but there is no documentation that the patient has headaches.

IMR ISSUES, DECISIONS AND RATIONALES

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

AMBIEN TABLET 10 MG: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES

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

Decision rationale: The CA MTUS does not address Ambien. Per the Strength of Evidence Hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, the Official Disability Guidelines (ODG) was used instead. The ODG states that Ambien (Zolpidem) is a prescription short-acting non-benzodiazepine hypnotic, which is approved for the short-term (usually 2 to 6 weeks) treatment of insomnia. Proper sleep hygiene is critical to the individual with chronic pain and often is hard to obtain. In this case, the patient has been taking Zolpidem since at least 01/14/2014. The documentation shows that the patient complained of difficulty sleeping. However, there is no information to exhibit patient's sleep hygiene. The request likewise failed to specify quantity to be dispensed. Therefore, the request for Ambien tablet 10mg is not medically necessary.

ZANAFLEX CAPSULES 4 M: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines MUSCLE RELAXANTS (FOR PAIN) Page(s): 63.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tizanidine (Zanaflex, generic available), Page(s): 63-66.

Decision rationale: Page 63-66 of the CA MTUS Chronic Pain Medical Treatment Guidelines state that Tizanidine is a centrally acting alpha2-adrenergic agonist that is FDA approved for management of spasticity and off label use for low back pain. In addition, MTUS also states that 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. In this case, medical records submitted show that the patient has been prescribed Zanaflex since at least April 2014. However, the medical records do not clearly reflect continued functional benefit from its use. Long-term use is not supported by the guideline. The medical necessity has not been established. There was no clear rationale for continued use of this medication. The request likewise failed to specify quantity to be dispensed. Therefore, the request for Zanaflex capsules is not medically necessary.

FIORICET CODEINE CAPSULES 325:50:40 MG: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines BARBITURATE CONTAINING ANALGESIC AGENT Page(s): 23.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Barbiturate-containing analgesics Page(s): 23.

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines state that barbiturate-containing analgesics are not recommended for chronic pain, with high potential for

drug dependence and no evidence to show a clinically important enhancement of analgesic efficacy of BCAs due to the barbiturate constituents. There is a risk of medication overuse, as well as rebound headache. In this case, the patient was prescribed Fioricet since 2014. However, there was no documentation concerning pain relief and functional improvement derived from its use. Moreover, it was unclear as to why Fioricet was prescribed despite its potential adverse effects. The request likewise failed to specify quantity to be dispensed. Therefore, the request for Fioricet Codeine capsules is not medically necessary.