

<b>Case Number:</b>	CM14-0120804		
<b>Date Assigned:</b>	08/06/2014	<b>Date of Injury:</b>	04/29/2002
<b>Decision Date:</b>	09/24/2014	<b>UR Denial Date:</b>	07/22/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/31/2014

### 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 Neuromuscular Medicine and is licensed to practice in Maryland. 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 with a work injury dated 4/29/02. The diagnoses include cervicalgia; postlaminectomy Lumbar Region Syndrome; degeneration lumbar or lumbosacral intervertebral disc; lumbosacral spondylosis; myalgia/myositis; postlaminectomy cervical region syndrome postlaminectomy lumbar region/failed back; ovarian hyperfunction, spinal enthesopathy. Under consideration is a request for Ambien CR 12.5mg Extended Release #30 with 2 Refills QTY: 90; Lidoderm 5% (700mg) adhesive patch 1-2 per day with 5 refills QTY: 360; Zanaflex 4mg Tablet #90 with 2 refills QTY: 270. There is a progress report dated 7/3/14 that states that the patient who is being followed for upper and lower back pain. She reports that her worst pain is in the cervical and shoulder muscles followed by the low back. She uses ice, heat, heated rocks, massage balls and rolled towel and stretching for daily management of her myofascial pain. She uses oral pain medication to help control her upper and lower back pain and previously used Lidoderm patches on her upper and lower back as a way to reduce opioid pain medication. She has chronically elevated hepatic enzymes that prohibit the use of acetaminophen containing medications. She requests trigger point injections that provide a 50% decrease in pain that last for 4-6 weeks during which time she can better perform ADL's with less pain. Without these injections she struggles and requests increased opioids. She states that she takes medication as prescribed. She has not requested early medication refill. She denies significant medication side effects. She has signed a Controlled Substance Agreement. She has agreed to random urine drug screen testing. She worked light duty until July of 2002. Her best (least) pain severity as 7/10 and her worst pain severity as 10/10. On exam there are 2 trigger points with twitch in both trapezius muscles and 3 on each side in the low lumbar spine. The cervical spine reveals that there is slight forward flexion of the head and slight straightening of the cervical lordosis. Range

of motion is about 75% of expected. The paravertebral and trapezius muscle are taut, tender and have trigger points. The thoracic kyphosis appears normal. The ribs move normally with respiration. The right side tender but states it's "more her back." The lumbar spine reveals that there is mild loss of lumbar lordosis. Range of motion is about 75% of expected. There are tender trigger points in the low lumbar areas bilaterally-. There is tenderness over the lower facet joints. The treatment plan includes continue current medications; request for authorization for an assessment for Spanish Speaking Functional Restoration Program and return in 1 month for medication management and in 2 months for repeat trigger point injections. A 5/6/14 progress note indicates that the patient she was involved in a motor vehicle accident on 11/27/2013. She fell asleep or "fainted at the wheel. The document indicates that the patient was sent to the ER because she was very groggy and would fall asleep when not stimulated.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Ambien CR 12.5mg Extended Release #30 with 2 Refills QTY: 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(ODG) (Pain Chapter); FDA(Ambien).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental illness and stress- insomnia treatment and zolpidem.

**Decision rationale:** The MTUS was reviewed but does not address insomnia treatment. The ODG states that Ambien is not recommended for long term use. The ODG states that hypnotics should generally be limited to 7 to 10 days of use and reevaluation of the patient is recommended if they are to be taken for more than 2 to 3 weeks. The ODG recommends pharmacological agents only after careful sleep evaluation. The documentation indicates the patient has had periods of excessive sleepiness in the daytime. With evidence of daytime grogginess, the fact that the patient has been on this more than the recommended period of use, and the fact that non pharmacological sleep hygiene alternatives were not discussed or attempted the request for Ambien CR 12.5mg Extended Release #30 with 2 Refills QTY: 90 is not medically necessary and appropriate.

**Lidoderm 5% (700mg) adhesive patch 1-2 per day with 5 refills QTY: 360: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm Page(s): 56-57. Decision based on Non-MTUS Citation Official Disability Guidelines(ODG) Pain Chapter Lidoderm Patches.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm (lidocaine patch) Page(s): 56-57.

**Decision rationale:** The MTUS states that Lidoderm patch is not a first-line treatment and is only FDA approved for post-herpetic neuralgia. Additionally the guidelines state that the Lidoderm Patch may be recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (tri-cyclic or SNRI anti-depressants or an AED such as gabapentin or Lyrica). The guidelines state that further research is needed to recommend this treatment for chronic neuropathic pain disorders other than post-herpetic neuralgia. The documentation submitted indicates that the patient has chronic neuropathic pain. Furthermore there is documentation that states that the patient states that Lidoderm gave him temporary relief, however there is no documentation of post herpetic neuralgia or evidence of a trial of first line therapy . Therefore, the continuation of a Lidoderm patch for chronic neuropathic pain is not medically necessary. The request for Lidoderm 5% (700mg) adhesive patch 1-2 per day with 5 refills QTY: 360 is not medically necessary and appropriate.

**Zanaflex 4mg Tablet #90 with 2 refills QTY: 270:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) page 63; Tizanidine (Zanaflex, generic available) Page(s): 65.

**Decision rationale:** The MTUS recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic pain. Tizanidine (Zanaflex, generic available) is a centrally acting alpha2-adrenergic agonist that is FDA approved for management of spasticity; unlabeled use for low back pain. The documentation submitted does not reveal that the patient is having an acute exacerbation of pain that would require an antispasmodic. The patient suffers from chronic symptoms. There is no evidence of spasticity. The request for Zanaflex 4mg Tablet #90 with 2 refills QTY: 270 is not medically necessary and appropriate.