

<b>Case Number:</b>	CM14-0128426		
<b>Date Assigned:</b>	09/05/2014	<b>Date of Injury:</b>	09/20/2000
<b>Decision Date:</b>	10/03/2014	<b>UR Denial Date:</b>	07/28/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/12/2014

### 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, has a subspecialty in Pain Medicine and is licensed to practice in Texas and Oklahoma. 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 51-year-old male who reported an injury on 09/20/2000. The mechanism of injury was not submitted in the report. The injured worker has diagnoses of discogenic low back pain, status post IDET times 2, lumbar spondylosis, lumbar spine sprain/strain syndrome L3 to L4 and L4 to L5 with moderate foraminal stenosis, thoracic spine sprain/strain syndrome, obesity secondary to immobility, insomnia, and depression. Past medical treatment includes physical therapy, epidural injections, and medication therapy. Medications include atenolol, Lotensin, Pravachol, Celebrex, Zanaflex, Ambien, Fentora, hydrocodone, and Valium. The injured worker underwent an MRI of the lumbar spine on 10/07/2011 and a CT of the lumbar spine on 05/24/2012. On 07/14/2014, the injured worker complained of low back pain. Physical examination revealed tenderness to the left of the midline at L4 to L5. Paraspinal muscles were tender to palpation. There was decreased sensation to light touch of the lumbar spine. Range of motion was painful and there was pain on returning upright from flexion of the lumbar spine. Left thigh numbness, getting progressively worse, was evident with leg raising bilaterally, left greater than right. The treatment plan is for the injured worker to continue the use of his medications. The rationale was not submitted for review. The Request for Authorization Form was submitted on 07/14/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Atenolol 5mg #30:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation [www.drugs.com](http://www.drugs.com)

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: [Drugs.com](http://Drugs.com) Atenolol (Tenormin).

**Decision rationale:** The request for atenolol 5 mg is not medically necessary. ACOEM/MTUS and Official Disability Guidelines do not address atenolol. As such, other guidelines were cited. [Drugs.com](http://Drugs.com) notes that atenolol (Tenormin) is in a group of drugs called beta blockers. Beta blockers affect the heart and circulation (blood flow through arteries and veins); atenolol is used to treat angina (chest pain) and hypertension (high blood pressure). In this case, there were no suggestions in the report of increased blood pressure. There was no medical documentation submitted to support this request. Without documentation of the current blood pressure, a rationale for the request, the medication is not warranted. As such, the request for atenolol 5 mg is not medically necessary.

**Lotensin 10mg #30: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation [www.drugs.com](http://www.drugs.com)

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: [Drug.com](http://Drug.com) Lotensin (Benazepril).

**Decision rationale:** The request for Lotensin 10 mg is not medically necessary. The California MTUS/ACOEM and Official Disability Guidelines do not address this medication. As such, other guidelines are cited. [Drugs.com](http://Drugs.com) note that benazepril (Lotensin) is an ACE inhibitor. ACE stands for angiotensin converting enzyme. Benazepril (Lotensin) is used to treat high blood pressure (hypertension). Benazepril (Lotensin) may also be used for purposes not listed in this medication guide. In this case, without documentation of the current blood pressure or rationale for the request, the medication Lotensin is not warranted. Furthermore, the request as submitted did not indicate a frequency or duration of the medication. As such, the request for Lotensin is not medically necessary.

**Pravachol 40mg #30: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation [www.drugs.com/pravachol.html](http://www.drugs.com/pravachol.html)

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: [Drug.com](http://Drug.com) Pravachol (pravastatin).

**Decision rationale:** The request for Pravachol is not medically necessary. ACOEM/MTUS and Official Disability Guidelines do not address this medication. As such, other guidelines were cited. According to Drugs.com, Pravachol (pravastatin) is in a group of drugs called HMG CoA reductase inhibitors, or "statins." Pravastatin reduces levels of "bad" cholesterol (low density lipoprotein, or LDL) and triglycerides in the blood, while increasing levels of "good" cholesterol (high density lipoprotein, or HDL). The submitted documentation in the reports did not indicate that the injured worker had hypercholesterolemia or dyslipidemia. Furthermore, there was no indication or details regarding the injured worker's current lipid levels. Considering the lack of documentation, the medical necessity is not warranted. As such, the request for Pravachol is not medically necessary.

**Zanaflex 4mg #90: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain). Decision based on Non-MTUS Citation Official Disability Guidelines - Treatment for Workers' Compensation, Pain Procedure Summary (updated 5/15/2014)

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Tizanidine Page(s): 66.

**Decision rationale:** The decision for the request for Zanaflex 4 mg is not medically necessary. The California MTUS Guidelines recommended tizanidine (Zanaflex) as a non-sedating muscle relaxant with caution as a second line option for short term treatment of acute exacerbations in patients with chronic low back pain. Additional benefit beyond NSAIDs in pain and overall improvement and efficacy appears to diminish over time. Prolonged use of some medications in this class may lead to dependence. The request as submitted is for Zanaflex 4 mg #90, exceeding the recommended guidelines for short term use. Given the above, the injured worker is not within the MTUS recommended guidelines. As such, the request for Zanaflex 4 mg is not medically necessary.

**Ambien CR 12.5mg #30: 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 for Workers' Compensation, Pain Procedure Summary (updated 6/10/14), 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) Pain Chapter, Ambien

**Decision rationale:** The request for Ambien CR is not medically necessary. The Official Disability Guidelines state that zolpidem (Ambien) is a prescription short acting nonbenzodiazepine hypnotic, which is approved for short term, usually 2 to 6 weeks, treatment of insomnia. Ambien is in the same drug class as zolpidem. Proper sleep hygiene is critical to the individual with chronic pain and often is hard to obtain. Various medications may provide

short term benefit. All sleeping pills, so called minor tranquilizers, and antianxiety agents are commonly prescribed for chronic pain. Pain specialists rarely, if ever, recommended them for long term use. They can be habit forming, and they might impair function and memory more than opioid pain relievers. There is also concern that they may increase pain and depression over long term. Cognitive behavioral therapy should be an important part of insomnia treatment. The submitted report dated 07/14/2014 indicated that the injured worker was taking Ambien since at least this time, exceeding the recommended guidelines for short term use. Furthermore, the request as submitted does not indicate a duration or frequency of the medication. Given the above, the injured worker is not within the Official Disability Guidelines criteria. As such, the request for Ambien CR is not medically necessary.

**Subsys 800mcg #90:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Subsys oral spray (fentanyl), ongoing management, opioid dosing Page(s): 44, 78, 86.

**Decision rationale:** The request for Subsys 800 mcg is not medically necessary. The California MTUS Guidelines indicate that Fentanyl (Subsys oral spray) is not recommended as a first line therapy. The FDA approved product labeling states that Fentanyl (Subsys) is indicated in the management of chronic pain in patients who require continuous opioid analgesia for pain that cannot be managed by other means. There should be documentation of an objective improvement in function, and objective decrease in pain, and evidence that the patient is being monitored for apparent drug behavior and side effects. Given the above, the injured worker is not within the MTUS recommended guidelines. The submitted report did not indicate that the injured worker had objective improvement in function. Furthermore, the efficacy of the medication was not submitted for review. Additionally, the request as submitted did not indicate a frequency or duration. As such, the request for Subsys is not medically necessary.

**Hydrocodone 25mg #180:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Hydrocodone, Ongoing Management, Page(s): 91, 78.

**Decision rationale:** The request for hydrocodone 25 mg is not medically necessary. The California MTUS Guidelines recommend that hydrocodone is for the use of moderate to moderately severe pain, and it indicates that for ongoing management, ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects should be submitted. Pain assessment should include current pain, the least reported pain over the period since the last assessment, average pain, intensity of pain after taking the opioid, how long it takes for pain relief, and how long pain relief lasts. As per the guidelines above, the

documentation submitted lacked evidence of the 4 A's being adequately addressed. Furthermore, the frequency and duration of the medication was not submitted in the request. The guidelines also state that there should be documentation of pain relief, functional status, and appropriate medication use. There lacked any quantified evidence of this in the report. Additionally, the report lacked any evidence as to how the medication was assisting the injured worker with any functional deficits. A UA was submitted on 07/28/2014 indicating that the injured worker was within the MTUS Guidelines. However, the submitted report failed to indicate any side effects the injured worker might have had with the medication. As such, the request for hydrocodone 25 mg is not medically necessary.

**Valium 2mg #10:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24.

**Decision rationale:** The request for Valium 2 mg is not medically necessary. The California MTUS Guidelines do not recommended the use of benzodiazepines (Valium) due to rapid development of tolerance independence, most guidelines limit the use to 4 weeks. Per clinical note dated 07/14/2014, the injured worker had been on Valium since at least this time. Given the information, the injured worker exceeds the recommended use of benzodiazepines (Valium) for short term use. Due to the high risk of dependence, the medical necessity for the injured worker to continue the use of Valium is not medically necessary. Furthermore, the request as submitted did not indicate a frequency or duration. As such, the request is not medically necessary.