

| | | | |
|-----------------------|--------------|------------------------------|------------|
| Case Number: | CM14-0133278 | | |
| Date Assigned: | 08/22/2014 | Date of Injury: | 10/02/2009 |
| Decision Date: | 10/03/2014 | UR Denial Date: | 08/12/2014 |
| Priority: | Standard | Application Received: | 08/20/2014 |

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 Internal Medicine, 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 injured worker is a 33 year old female who had work a related injury on 10/02/09; mechanism of injury was not documented. Most recent clinical documentation submitted for review was dated 07/24/14. The individual injured worker was seen in follow up for ongoing right ankle and low back pain. She has yet to start psychotherapy. She was doing well on the current medication regimen and needed refills. She was quitting her job. She got married and the job wanted to relocate her to Monterrey and she was not going to move. She was going to be a stay at home mom. Current medication level stated that her back pain and leg pain was about 8/10 coming down to 2/10 with medication. She had some mild GI upset. Prilosec helped with this. Otherwise no adverse side effects. Medications last five to eight hours depending on her activity level she recent current medications were Norco, Adderall, Ambien, Prilosec, Motrin, Lexapro, and Zanaflex. On physical examination she had minimal tenderness to lumbar paraspinal muscle. She was ambulating with a normal gait. No obvious limp. Diagnosis right foot and ankle pain. MRI of the right ankle dated 08/04/11 showed small effusion in the tibialis tendon which may have indicated tenosynovitis. Low back pain, MRI reported lumbar spine from 06/26/12 impression of L4-5 degenerative disc disease with grade 1 retrolisthesis of L4 on L5, mild disc bulging and dorsal annular fissuring fissure. Insomnia. Anxiety. Prior utilization review on 08/12/14 was non-certified. Current request was for retro of Ambien 5mg #60 date of service 07/24/14 retro Zanaflex 4mg #60 date of service 07/24/14 and request 36 month authorization on all medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

(Retro) Ambien 5mg #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: Zolpidem

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Integrated Treatment/Disability Duration Guidelines; Pain (Chronic), Zolpidem (Ambien)

Decision rationale: As noted in the Pain (Chronic) of the Official Disability Guidelines (ODG) - online version, Ambien is approved for the short-term (usually two to six weeks) treatment of insomnia. Pain specialists rarely, if ever, recommend it for long-term use. Ambien can be habit-forming, and may impair function and memory more than opioid pain relievers. There is also concern that it may increase pain and depression over the long-term. The patient has been utilizing this medication on a long-term basis, exceeding the recommended 2-6 week window of use. As such, the request for Ambien 5 mg cannot be recommended as medically necessary.

(Retro) Zanaflex 4mg #60: Upheld

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

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

Decision rationale: As noted on page 63 of the Chronic Pain Medical Treatment Guidelines, muscle relaxants are recommended as a second-line option for short-term (less than two weeks) treatment of acute low back pain and for short-term treatment of acute exacerbations in patients with chronic low back pain. Studies have shown that the efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. Based on the clinical documentation, the patient has exceeded the 2-4 week window for acute management also indicating a lack of efficacy if being utilized for chronic flare-ups. As such, the medical necessity of this medication cannot be established at this time.

Request 3-6 month Authorization on All Meds: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 92, 127.

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, Office Visits

Decision rationale: The request for 3-6 Month Authorization on All Meds is predicated on the initial request for Ambien, and Zanaflex, as this request has been found to not be medically necessary, the subsequent request is not medically necessary.

