

Case Number:	CM14-0147579		
Date Assigned:	09/15/2014	Date of Injury:	11/27/1991
Decision Date:	12/22/2014	UR Denial Date:	08/13/2014
Priority:	Standard	Application Received:	09/11/2014

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:

This 56 year old female was injured 11/27/1991. The mechanism of injury was not identified. Documentation dated 4/16/14 indicates that the injured worker has been re-evaluated multiple times for continued complaints of low back pain and stiffness with occasional radiation to both legs. In addition he experiences right elbow pain that is exacerbated with gripping and grasping. The symptoms are manageable with medications and there is no documentation of a trial of conservative treatments such as physical therapy. There is no significant change in symptoms from previous visits. On examination the lumbar spine is tender in the lower paravertebral musculature. Forward flexion is 40 degrees, extension to neutral, lateral bending to 10 degrees. There is positive straight leg raise bilaterally and strength in lower extremities is intact. The right elbow is tender over the extensor muscle mass and grip strength is intact. A well-healed lateral surgical incision is observed. The diagnoses include status post right elbow lateral epicondylectomy and extensive tendon repair and status post lumbar fusion with residuals. Treatment includes medication to manage symptoms. Work status is not available. A request dated 4/24/14 for authorization for re-evaluation of (7.16.14) Norco 7.5/325 mg 1 tablet twice per day #60 with 2 refills; Zanaflex 2 mg 1 twice per day with 2 refills and Ambien 10 mg 1 at bedtime as needed # 30 with 2 refills. On 8/13/14 Utilization Review non-certified Zanaflex 2 mg # 60 based on lack of documentation that would indicate acute pain or an acute exacerbation of chronic pain. The non-certification of Norco 7.5/325 mg # 60 2 refills is based on lack of documentation of subjective or objective benefit from the use of this medication, specifically documentation of pain relief, functional status and side effects. Non-certification of Ambien was based on no clear demonstration of the efficacy of the medication and that Ambien is supported for short-term management of insomnia.

IMR ISSUES, DECISIONS AND RATIONALES

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

Zanaflex 2mg #60 with 2 refills: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants Page(s): 65-66. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Pain Section, Muscle Relaxants

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Zanaflex 2 mg #60 with 2 refills is not medically necessary. Muscle relaxants are recommended as a second line option with caution for short term (less than two weeks) use for acute low back pain and for short-term treatment of acute exacerbations in patients with chronic low back pain. Efficacy appears to diminish over time and prolonged use may lead to dependence. Sedation is the most common reported adverse effect. In this case, the injured worker is a 68-year-old man with a date of injury occurring in 1991. He has continued tenderness in the lower back. A progress note dated April 16, 2014 indicates renewal for the medication, Zanaflex. However, there is no indication in the medical record as to how long Zanaflex has been prescribed. The year of injury was 1991 (approximate 24 years ago). It is therefore unclear how long Zanaflex has been used by the injured worker. The drug has clearly been used for a protracted period of time well in excess of the guidelines. Consequently, Zanaflex 2 mg #60 with two refills is not medically necessary.

Norco 7.5/325mg #60 with 2 refills: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for Opiates Page(s): 74-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Pain Section, Opiates

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Norco 7.5/325 mg #60 with two refills is not medically necessary. Chronic, ongoing use of opiates requires an ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. Satisfactory response to treatment may be indicated by the patient's decreased pain, increase level of function or improve quality of life. The lowest possible dose should be prescribed to improve pain and function area in this case the unit worker is 68 years old with a year of injury 1991. There is a single progress note in the 23 page chart dated April 16, 2014. Norco was mentioned in the assessment; however, the total length of time the injured worker has been taking Norco is not clearly documented. Additionally, there is no documentation supporting objective functional improvement. There are no detailed

pain assessments. Consequently, Norco 7.5/325 mg #60 with two refills is not medically necessary.

Ambien 10mg #30 with 2 refills: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Pain Section, Zolpedem

Decision rationale: Pursuant to the chronic pain medical treatment guidelines and the official disability guidelines, Ambien 10 mg #30 with two refills is not medically necessary. Ambien (Zolpidem) is a short acting non-benzodiazepine hypnotic recommended for short-term (7 to 10 days) treatment of insomnia. For additional details see guidelines. In this case, there is a single progress note dated April 16, 2014. The documentation mentions Ambien, however there was no additional discussion as to total length of time injured worker has been taking Ambien, there is no documentation supporting objective functional improvement (with reference to sleep) and consequently, Ambien is not clinically indicated. Based on the clinical information in the medical record and the peer-reviewed evidence-based guidelines, Ambien 10 mg #30 with two refills is not medically necessary.