

<b>Case Number:</b>	CM14-0154835		
<b>Date Assigned:</b>	09/24/2014	<b>Date of Injury:</b>	08/17/2004
<b>Decision Date:</b>	10/27/2014	<b>UR Denial Date:</b>	09/13/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/22/2014

### 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 Family Medicine and is licensed to practice in North Carolina. 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 with a reported date of injury of 08/17/2004. The patient has the diagnoses of chronic myofascial pain syndrome, lumbar radiculopathy, carpal tunnel syndrome, bilateral ulnar nerve entrapment and major depression. Past treatment modalities have included TENS, shoulder surgery, trigger point injections, nerve blocks, physical therapy, carpal tunnel release, ankle surgery and acupuncture. Per the most recent progress reports provided for review by the primary treating physician dated 08.20.2014, the patient had complaints of constant pain in both shoulder, worsening upper back pain, frequent pain and numbness in the lower extremities and increased depression and anxiety. The physical exam noted restriction in the lumbar spine range of motion, multiple myofascial trigger points, decreased range of motion in the ankle and right shoulder and decreased sensation in the 1st-3rd digits of the right hand. Treatment plan recommendations included trigger point injections, MRI of the lumbar spine, referral to orthopedist and continuation of medications.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Ambien 10mg #30 with 1 refill:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain (Acute and Chronic): Zolpidem (Ambien)

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation zolpidem,

**Decision rationale:** The California MTUS and the ACOEM do not specifically address the requested medication. Per the ODG: Zolpidem is a prescription short-acting non-benzodiazepine hypnotic approved for the short-term treatment of insomnia. Proper sleep hygiene is critical to the individual with chronic pain. While sleeping pills, so-called minor tranquilizers and anti-anxiety medications are commonly prescribed in chronic pain, pain specialists rarely, if ever, recommend them for long-term use. There is also concern that they may increase pain and depression over the long-term. Per the progress reports provided for review, this patient has been prescribed the requested medication for greater than 6 weeks. The medication is not intended for use greater than 6 weeks. There is no notation or rationale given for longer use in the provided progress reports. For these reasons the request is not medically necessary.

**Lorazepam 1mg #30 with 1 refill:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines, Weaning of Medications. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain (Chronic), Benzodiazepines

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

**Decision rationale:** Not recommended for long-term use because long-term efficacy is unproven and there is a risk of dependence. Most guidelines limit use to 4 weeks. Their range of action includes sedative/hypnotic, anxiolytic, anticonvulsant, and muscle relaxant. Chronic benzodiazepines are the treatment of choice in very few conditions. Tolerance to hypnotic effects develops rapidly. Tolerance to anxiolytic effects occurs within months and long-term use may actually increase anxiety. A more appropriate treatment for anxiety disorder is an antidepressant. Tolerance to anticonvulsant and muscle relaxant effects occurs within weeks. (Baillargeon, 2003) (Ashton,2005). The long -term use of this medication is not recommended per the California MTUS. The patient does have the diagnoses of depression and anxiety but the use of this medication is not recommended for greater than 4 weeks. There is no clinical rationale provided for the extended use of the medication. Therefore the request is not medically necessary.

**Tramadol 50mg #60 with 1 refill:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol, Opioids, Weaning of Medications.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines opioids Page(s): 76-84.

**Decision rationale:** The long-term use of this medication is not recommended unless certain objective outcome measures have been met as defined above. There is no provided objective

outcome measure that shows significant improvement in function while on the medication or a return to work. The most recent progress notes indicate the patient's pain is actually getting worse. There are no objective outcome measures provided for improvement in function. For these reasons criteria for ongoing and continued use of the medication have not been met. Therefore the request is not medically necessary.

**Robaxin 750mg #90 with 1 refill:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Methocarbamol, Muscle relaxants (for pain).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines muscle relaxants Page(s): 64-65.

**Decision rationale:** The long-term chronic use of this medication is not recommended per the California MTUS. The medication has not been prescribed for the acute flare up of chronic low back pain. Instead it is being used as a chronic treatment for pain. The criteria set forth above for its use and the diagnoses indicated for its use per the FDA has not been met. Therefore the request is not medically necessary.