

<b>Case Number:</b>	CM14-0156597		
<b>Date Assigned:</b>	10/09/2014	<b>Date of Injury:</b>	04/28/2010
<b>Decision Date:</b>	11/10/2014	<b>UR Denial Date:</b>	09/08/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/24/2014

### 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 Ohio. 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 50-year-old male who reported an injury on 04/28/2010 while he was lifting a saw machine with a friend; he felt a strong pain in his lower back. The injured worker complained of left shoulder and lumbar pain. The unofficial MRI of the lumbar spine was positive for disc herniation at the L3-4, the L4-5, and the L5-S1, and grade 1 retrolisthesis of L5-S1. The objective findings dated 07/29/2014 of the lumbar spine revealed a flexion of 50 degrees and extension of 20 degrees. The straight leg raise was noted at 75 degrees bilaterally, a positive Lasegue's test bilaterally, deep tendon reflexes were 1+ at the knee and absent at the ankles, there was hypoesthesia at the anterolateral aspect of the foot and ankle of an incomplete nature noted at the L5-S1 dermatome level bilaterally, there is weakness in the big toe dorsiflexor and big toe plantar flexor bilaterally, facet joint tenderness at the L3-5 bilaterally. Past treatments included injection, physical therapy, and medication. The diagnoses included a lumbar sprain/strain, disc protrusion at the L3-4, and L5-S1, lumbar radiculopathy, and left shoulder pain. Surgeries included an anterior discectomy, arthrodesis with internal rotation at the C3-4 with removal of hardware, and pedicles secondary to a work related injury. Medications included Zanaflex 4 mg, Ambien 10 mg, Tylenol #4, and Terocin patch. The Request for Authorization dated 09/26/2014 was submitted with documentation. The treatment plan included epidural steroid injection, Tylenol #4, Ambien 10 mg, Zanaflex 4 mg, and Terocin patches. No rationale was provided.

### IMR ISSUES, DECISIONS AND RATIONALES

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

## **120 TABLETS OF TYLENOL #4: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Ongoing pain management Page(s): 78.

**Decision rationale:** The California MTUS guidelines recommend ongoing review of patient's utilizing chronic opioid medications with documentation of pain relief, functional status, appropriate medication use, and side effects. A complete pain assessment should be documented which includes current pain, the least reported pain over the period since last assessment, average pain, intensity of pain after taking the opioid, how long it takes for pain relief, and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. The guidelines also recommend providers assess for side effects and the occurrence of any potentially aberrant (or non-adherent) drug-related behaviors. There is a lack of documentation indicating the injured worker has significant objective functional improvement with the medication. The requesting physician did not provide documentation of an adequate and complete assessment of the injured worker's pain. The request for refills would not be indicated as the efficacy of the medication should be assessed prior to providing additional medication. Additionally, the request does not indicate the frequency at which the medication is prescribed in order to determine the necessity of the medication. Therefore, the request is not medically necessary.

## **45 TABLETS OF AMBIEN 10 MG: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES

**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:** Official Disability Guidelines state that Zolpidem is a prescription short-acting non-benzodiazepine hypnotic, which is approved for the short-term, usually two to six weeks, treatment of insomnia. Zolpidem is in the same drug class as Ambien. Proper sleep hygiene is critical to the individual with chronic pain and often is hard to obtain. Various medications may provide short-term benefit. While sleeping pills, so-called minor tranquilizers, and anti-anxiety agents are commonly prescribed in chronic pain, pain specialists rarely, if ever, recommend them for long-term use. They can be habit-forming, and they may impair function and memory more than opioid pain relievers. There is also concern that they may increase pain and depression over the long-term. Cognitive behavioral therapy (CBT) should be an important part of an insomnia treatment plan. The clinical notes indicated that the injured worker had insomnia due to pain; however, the clinical notes also indicated that the injured worker was status post epidural steroid injection with good relief. Per the guidelines, Ambien is for short

term use, 2 to 6 weeks. The clinical note dated 07/29 indicated that the injured worker had been taking the Ambien, the request is for an additional 45 tablets, that exceeds the 4 to 6 week timeframe. The request did not indicate the frequency. As such, the request is not medically necessary.

**90 TABLETS OF ZANAFLEX 4 MG:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines ANTISPASTICITY/ANTISPASMODIC DRUGS Page(s): 66.

**Decision rationale:** The California MTUS guidelines recommend Tizanidine (Zanaflex ) as a non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP. The clinical notes indicated that the provider was refilling the Zanaflex. The documentation was not clear if the Zanaflex was being prescribed for acute exacerbations or on a routine regimen. Additionally, the documentation did not provide the efficacy of the medication. The Guidelines indicate Tizanidine is a second line muscle relaxant. The request did not address the frequency. The request is not medically necessary.

**30 TEROGIN PATCHES:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Salicylate; Topical Analgesic; Lidocaine Page(s): 105; 111; 112.

**Decision rationale:** The California MTUS indicates that topical analgesics are largely experimental in use with few randomized control trials to determine efficacy or safety... are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed...Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. The California MTUS guidelines indicate that topical lidocaine (Lidoderm) 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). No other commercially approved topical formulations of lidocaine (whether creams, lotions or gels) are indicated for neuropathic pain. California MTUS guidelines recommend treatment with topical salicylates. Per [dailymed.nlm.nih.gov](http://dailymed.nlm.nih.gov), Terocin patches are topical Lidocaine and Menthol. The clinical notes did not provide the efficacy of the medication or a function measurable pain level. Additionally, the documentation was not evident that the injured worker had tried a tricyclic or anti-depressant. The request did not indicate the frequency or dosage. As such, the request is not medically necessary.