

Case Number:	CM14-0167137		
Date Assigned:	10/20/2014	Date of Injury:	11/12/1998
Decision Date:	11/20/2014	UR Denial Date:	09/24/2014
Priority:	Standard	Application Received:	10/10/2014

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 Interventional Spine 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 patient is a 70 year old male with an injury date of 11/12/98. The 08/21/14 progress report by [REDACTED] states that the patient presents with constant back pain that waxes and wanes and is described as dull and achy. Pain is rated as "tolerable" 2-3/10 with medications and 9/10 without. Examination shows the patient is able to transfer with significant guarding and ambulates with difficulty. There is tenderness to palpation across the lower back in the myofascial tissues as well as over the spinous processes of the lower lumbar spine. The patient's diagnoses include: Lumbago Degenerative lumbar/lumbosacral intervertebral discopathy Lumbo sacral spondylosis without myelopathy Current medications are listed as Methadone, Miralax, Baclofen, Ambien, Ativan and Lyrica. The utilization review being challenged is dated 09/24/14. Reports were provided from 04/14/14 to 08/21/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Prescription of Ativan 0.5mg, #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, Pain (Chronic) regarding Benzodiaepines , criteria for the use of

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

Decision rationale: The patient presents with constant intermittent lower back pain rated 2-3/10 with medications and 9/10 without. The treater requests for 1 prescription of Ativan (a Benzodiazepine) 0.5 mg, #60. The reports provided show the patient has been taking this medication since before 04/14/14. MTUS page 24 Benzodiazepines states the following: "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." The treater states on 04/14/14 regarding a group of 8 medications including this one that the patient reports needing them for analgesia purposes and activities for daily living, and the patient denies adverse effects, abuse or side effects. In the reports provided it is stated the medication is for anxiety. In this case, there is no discussion regarding the long term need for the medication outside MTUS recommendations. As recommended use is no more than 4 weeks, the request is not medically necessary.

1 Prescription of baclofen 10mg, #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines regarding Baclofen;.

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

Decision rationale: The patient presents with constant intermittent lower back pain rated 2-3/10 with medications and 9/10 without. The treater requests for 1 prescription of Baclofen 10 mg, #90. The reports provided show the patient has been taking these medications since before 04/14/14. MTUS Muscle Relaxants Guidelines page 63 states, "Recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP. Muscle relaxants may be effective in reducing pain and muscle tension, and increasing mobility. However, in most LBP cases, they show no benefit beyond NSAIDs in pain and overall improvement. Also there is no additional benefit shown in combination with NSAIDs. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. Drugs with the most limited published evidence in terms of clinical effectiveness include chlorzoxazone, methocarbamol, dantrolene and baclofen." The treater states on 05/28/14 this medication is for spasms. The 04/14/14 report states regarding a group of 8 medications including this one that the patient reports needing them for analgesia purposes and activities for daily living, and the patient denies adverse effects, abuse or side effects. In this case, it does not appear this medication is used as short term treatment of acute exacerbation for chronic lower back pain. There is no discussion of use as a second line option as recommended by MTUS. The request is not medically necessary.

1 Prescription of Ambien 10mg, #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, Pain (Chronic): regarding 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) Mental Illness & Stress chapter, Insomnia treatment

Decision rationale: The patient presents with constant intermittent lower back pain rated 2-3/10 with medications and 9/10 without. The treater requests for 1 prescription of Ambien 10 mg, #30. The reports provided show the patient has been taking this medication since before 04/14/14. MTUS and ACOEM Guidelines do not address Ambien; however, ODG Guidelines state that Ambien) is indicated for short-term treatment of insomnia with difficulty of sleep onset 7 to 10 days. The treater states in the reports provided that this medication is used for sleep. The 04/14/14 report states regarding a group of 8 medications including this one that the patient reports needing them for analgesia purposes, activities for daily living and the patient denies adverse effects, abuse or side effects. In this case, it does not appear from the reports that the medication is being used for short term treatment 7-10 days as indicated by ODG. Therefore, the request is not medically necessary.