

Case Number:	CM14-0176791		
Date Assigned:	10/30/2014	Date of Injury:	03/20/1998
Decision Date:	12/18/2014	UR Denial Date:	09/25/2014
Priority:	Standard	Application Received:	10/27/2014

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 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 is a 44-year-old female patient who reported an industrial injury to the neck and back on 3/20/1998, over 16 years ago, attributed to the performance of her usual and customary job tasks. The patient is being treated for the diagnoses of chronic cervicalgia; chronic lumbar pain; radiculitis; and myofascial strain. The patient is been treated with physical therapy; activity modification; medications; an epidural steroid injections. The patient underwent a microdiscectomy during 2012, at L4-L5 and is reported to have a failed back syndrome. The objective findings on examination included painful and diminished range of motion to the lumbar spine; negative spasms; tenderness to palpation to the paraspinal muscles. The patient is prescribed Xanax ER 0.5 mg #60 with refill x5; Ambien 10 mg #30 with refill x5; naproxen 550 mg #60 with refill x5; Flexeril 10 mg #60 with refill x5; and Norco 10/325 mg #90 with refill x5.

IMR ISSUES, DECISIONS AND RATIONALES

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

Xanax ER 0.5mg #60 with 5 reills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain chaper--medications for chronic pain; Benzodiazepines

Decision rationale: The trial prescription of Xanax (alprazolam) 0.5 mg #60 with refill x5 is not supported with objective evidence to support medical necessity and is inconsistent with the recommendations of the currently accepted evidence-based guidelines. There was no rationale supported by objective evidence for the very high dose for the initially prescribed Xanax. The patient is being prescribed a benzodiazepine for a muscle relaxant and an anxiety agent, which is not recommended by the CA MTUS. There is no demonstrated medical necessity for the prescription of Xanax/Alprazolam for this patient in relation to the effects of the industrial injury. The Xanax/Alprazolam is being prescribed for anxiety issues that are not supported with a rationale for a nexus to the cited mechanism of injury or cited diagnoses. The patient was recommended to be discontinued from the prescribed Xanax/Alprazolam. There is no demonstrated medical necessity for winning as the patient has just been initiated a trial dose. The anxiety issues are not demonstrated to be industrial and should be treated with alternative methods. The use of a short half-life benzodiazepines, such as, Alprazolam or Xanax ER 0.5 mg for anxiety is not medically necessary or supported by evidence-based guidelines. The request for the use of Xanax for anxiety, or as a muscle relaxant is not recommended by the CA MTUS; the ACOEM Guidelines or the Official Disability Guidelines. The ODG states: 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. The prescription of Xanax/Alprazolam on an industrial basis is not medically necessary and inconsistent with evidence-based guidelines. The current prescription for Xanax/Alprazolam is not demonstrated to be medically necessary or reasonable for the treatment of the effects of the industrial injury. The CA MTUS does not recommend Xanax/Alprazolam as the efficacy is unproven, alternatives are readily available, and Xanax use may lead to dependence. There is no demonstrated medical necessity for the prescribed Alprazolam/Xanax ER 0.5 mg #60 with refill x5.

Ambien 10mg #30 with 5 refills: Upheld

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

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- Insomnia and Zolpidem Other Medical Treatment Guideline or Medical Evidence: Disciplinary guidelines for the general practice of medicine

Decision rationale: Zolpidem/Ambien 10 mg #30 with refill x5 is recommended only for the short-term treatment of insomnia for two to six weeks. The Zolpidem/Ambien 10 mg has been prescribed to the patient for a prolonged period of time. The use of Zolpidem or any other sleeper has exceeded the ODG guidelines. The prescribing physician does not provide any rationale to support the medical necessity of Zolpidem for insomnia or documented any treatment of insomnia to date. The patient is being prescribed the Zolpidem for insomnia due to chronic back/neck pain simply due to the rationale of chronic pain, without demonstrated failure of OTC remedies. There is no provided subjective/objective evidence to support the use of Zolpidem 10

mg over the available OTC remedies. The patient has exceeded the recommended time period for the use of this short-term sleep aide. There is no demonstrated functional improvement with the prescribed Zolpidem/Ambien. There is no documentation of alternatives other than Zolpidem have provided for insomnia or that the patient actually requires sleeping pills. The patient is not documented with objective evidence to have insomnia or a sleep disorder at this point in time or that conservative treatment is not appropriate for treatment. There is no evidence that sleep hygiene, diet and exercise have failed for the treatment of sleep issues. There is no demonstrated failure of the multiple sleep aids available OTC. The CA MTUS and the ACOEM Guidelines are silent on the use of sleeping medications. The ODG does not recommend the use of benzodiazepines in the treatment of chronic pain. Zolpidem is not a true benzodiazepine; however, retains some of the same side effects and is only recommended for occasional use and not for continuous nightly use. There is no medical necessity for the prescribed Zolpidem 10 mg #30 with refill x5.

Flexeril 10mg #60 with 5 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants (for pain).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47, Chronic Pain Treatment Guidelines Muscle relaxants for pain Page(s): 63-64. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain chapter- medications for chronic pain; Muscle relaxants; Cyclobenzaprine

Decision rationale: The prescription for Flexeril (cyclobenzaprine) 10 mg #60 with refill x5 is recommended for the short-term treatment of muscle spasms and not for the long-term treatment of chronic pain. The patient has been prescribed muscle relaxers on a long-term basis contrary to the recommendations of the CA MTUS. The patient is prescribed muscle relaxers on a routine basis for chronic pain. The muscle relaxers are directed to the relief of muscle spasms. The chronic use of muscle relaxants is not recommended by the CA MTUS, the ACOEM Guidelines, or the Official Disability Guidelines for the treatment of chronic pain. The use of muscle relaxants are recommended to be prescribed only briefly in a short course of therapy. There is no medical necessity demonstrated for the use of muscle relaxants for more than the initial short-term treatment of muscle spasms. There is a demonstrated medical necessity for the prescription of muscle relaxers on a routine basis for chronic back pain. The cyclobenzaprine was used as an adjunct treatment for muscle and there is demonstrated medical necessity for the Cyclobenzaprine/Flexeril for the cited industrial injury. The continued prescription of a muscle relaxant was not consistent with the evidence-based guidelines. The California MTUS states that cyclobenzaprine is recommended for a short course of therapy. Limited, mixed evidence does not allow for a recommendation for chronic use. Cyclobenzaprine is a skeletal muscle relaxant and a central nervous system depressant with similar effects to tricyclic antidepressants. Evidence-based guidelines state that this medication is not recommended to be used for longer than 2 to 3 weeks. There is no demonstrated medical necessity for the prescription of cyclobenzaprine 10 mg #60 with refill x5 for the effects of the industrial injury.

Norco 10/325mg #90 with 5 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-97.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300-306, Chronic Pain Treatment Guidelines Opioids Page(s): 74-97. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) chapter 6 pages 114-16 Official Disability Guidelines (ODG) pain chapter-opioids

Decision rationale: Evidence-based guidelines recommend short-term use of opioids for the management of chronic nonmalignant moderate to severe pain. Long-term use is not recommended for nonmalignant pain due to addiction, dependency, intolerance, abuse, misuse, and/or side effects. Ongoing opioid management criteria are required for long-term use with evidence of reduce pain and improve function as compared to baseline measurements or a return to work. The prescription for Hydrocodone-APAP (Norco) 10/325 mg #90 with refill x5 for short-acting pain is being prescribed as an opioid analgesic for the treatment of chronic pain to the hip for the date of injury. The objective findings on examination do not support the medical necessity for continued opioid analgesics. The patient is being prescribed opioids for chronic hip pain, which is inconsistent with the recommendations of the CA MTUS. There is no objective evidence provided to support the continued prescription of opioid analgesics for the cited diagnoses and effects of the industrial claim. The patient should be titrated down and off the prescribed Hydrocodone-APAP. The patient is 16 years s/p DOI with reported continued issues with symptoms of neck and back pain. There is no rationale supported with objective evidence to continue the use of opioids. There is no demonstrated medical necessity for the continuation of opioids for the effects of the industrial injury. The chronic use of Hydrocodone-APAP/Norco is not recommended by the CA MTUS; the ACOEM Guidelines, or the Official Disability Guidelines for the long-term treatment of chronic back/hip pain. There is no demonstrated sustained functional improvement from the prescribed opioids. The prescription of opiates on a continued long-term basis is inconsistent with the CA MTUS and the Official Disability Guidelines recommendations for the use of opiate medications for the treatment of chronic pain. There is objective evidence that supports the use of opioid analgesics in the treatment of this patient over the use of NSAIDs for the treatment of chronic pain. The current prescription of opioid analgesics is inconsistent with evidence-based guidelines. The prescription of opiates on a continued long-term basis is inconsistent with the Official Disability Guidelines recommendations for the use of opiate medications for the treatment of chronic pain. There is objective evidence that supports the use of opioid analgesics in the treatment of this patient over the use of NSAIDs for the treatment of chronic pain issues. Evidence-based guidelines necessitate documentation that the patient has signed an appropriate pain contract, functional expectations have been agreed to by the clinician, and the patient, pain medications will be provided by one physician only, and the patient agrees to use only those medications recommended or agreed to by the clinician to support the medical necessity of treatment with opioids. The ACOEM Guidelines updated chapter on chronic pain state, "Opiates for the treatment of mechanical and compressive etiologies: rarely beneficial. Chronic pain can have a mixed physiologic etiology of both neuropathic and nociceptive components. In most cases, analgesic treatment should begin with acetaminophen, aspirin, and NSAIDs (as suggested by the

WHO step-wise algorithm). When these drugs do not satisfactorily reduce pain, opioids for moderate to moderately severe pain may be added to (not substituted for) the less efficacious drugs. A major concern about the use of opioids for chronic pain is that most randomized controlled trials have been limited to a short-term period (70 days). This leads to a concern about confounding issues; such as, tolerance, opioid-induced hyperalgesia, long-range adverse effects, such as, hypogonadism and/or opioid abuse, and the influence of placebo as a variable for treatment effect." ACOEM guidelines state that opioids appear to be no more effective than safer analgesics for managing most musculoskeletal symptoms; they should be used only if needed for severe pain and only for a short time. The long-term use of opioid medications may be considered in the treatment of chronic musculoskeletal pain, If: The patient has signed an appropriate pain contract; Functional expectations have been agreed to by the clinician and the patient; Pain medications will be provided by one physician only; The patient agrees to use only those medications recommended or agreed to by the clinician. ACOEM also note, "Pain medications are typically not useful in the subacute and chronic phases and have been shown to be the most important factor impeding recovery of function." There is no clinical documentation by with objective findings on examination to support the medical necessity of Hydrocodone-APAP for this long period of time or to support ongoing functional improvement. There is no provided evidence that the patient has received benefit or demonstrated functional improvement with the prescribed Hydrocodone-APAP. There is no demonstrated medical necessity for the prescribed Opioids. The continued prescription for Norco 10/325 mg #90 with refill x5 is not demonstrated to be medically necessary.

Naproxen 550mg #60 with 5 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory medications Page(s): 67-68. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain chapter-medications for chronic pain and NSAIDs

Decision rationale: The use of Anaprox/Naproxen 550 mg #60 with refill x5 is consistent with the currently accepted guidelines and the general practice of medicine for musculoskeletal strains and injuries; however, there is no evidence of functional improvement or benefit from this NSAID. There is no rationale to support the medical necessity of #60 tabs. There is no evidence that OTC NSAIDs would not be appropriate for similar use for this patient. The prescription of Naproxen is not supported with appropriate objective evidence as opposed to the NSAIDs available OTC. The prescription of Naproxen/Anaprox should be discontinued in favor of OTC NSAIDs. There is no provided evidence that the available OTC NSAIDs were ineffective for the treatment of inflammation. The prescription for naproxen/Anaprox 550 mg #60 with refill x5 is not demonstrated to be medically necessary.