

Case Number:	CM14-0022036		
Date Assigned:	05/09/2014	Date of Injury:	02/02/2001
Decision Date:	07/29/2014	UR Denial Date:	02/11/2014
Priority:	Standard	Application Received:	02/21/2014

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 Anesthesiology, has a subspecialty in Pain Management 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 48-year-old male with a 02/02/2001 date of injury. A specific mechanism of injury was not described. 2/12/14 determination was modified. Colace-T, Percocet, and Oxycontin were certified. Ambien and Baclofen were not medically necessary. Reasons for non-certification included no intention to treat on short time basis with Ambien, and no documentation of acute muscle spasms. 3/31/14 medical report identified low back pain that does not radiate to the lower extremity. There is mid back pain. Pain is rated as 6/10 with medications and 8/10 without medication. Exam revealed tenderness bilaterally over the L1-4 levels. The range of motion was severely restricted. 2/3/14 medical report identifies low back pain with radiation to the lower extremities. Pain level 9/10 with medication and 10/10 without medications. Insomnia severity index was administered on 2/3/14 as a screening tool to quantify insomnia severity. The patient had a total score of 25, indicating severe clinical insomnia.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ambien 10 mg quantity 20: 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 ChapterODG

states Ambien (zolpidem) is a prescription short-acting nonbenzodiazepine hypnotic, which is approved for the short-term (usually two to six weeks) treatment of insomnia. 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. (Feinberg, 2008) (ODG, Pain Chapter) Other Medical Treatment Guideline or Medical Evidence: The FDA states that Ambien (zolpidem tartrate) is indicated for the short-term treatment of insomnia. Ambien has been shown to decrease sleep latency and increase the duration of sleep for up to 35 days in controlled clinical studies (see Clinical Pharmacology: Controlled trials supporting safety and efficacy). Hypnotics should generally be limited to 7 to 10 days of use, and reevaluation of the patient is recommended if they are to be taken for more than 2 to 3 weeks. Ambien should not be prescribed in quantities exceeding a 1-month supply. (<http://www.drugs.com/pro/ambien.html>).

Decision rationale: ODG and the FDA state that Ambien is approved for the short-term (usually two to six weeks) treatment of insomnia. Additionally, pain specialists rarely, if ever, recommend Ambien for long-term use. The medical records document insomnia. Insomnia severity index was administered on 2/3/14 as a screening tool to quantify insomnia severity. However, it appears that the patient has been under chronic medication management. There does not appear to be significant improvement with this medication. There is also no indication that the patient was following a sleep hygiene regimen and this had been insufficient to address the patient's sleeping difficulties. There was insufficient documentation to support the chronic use of Ambien.

Baclofen 10 mg quantity 90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines The Expert Reviewer based his/her decision on the MTUS recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP. (Chou, 2007) (Mens, 2005) (Van Tulder, 1998) (Van Tulder, 2003) (Van Tulder, 2006) (Schnitzer, 2004) (See, 2008) 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. (Homik, 2004). Sedation is the most commonly reported adverse effect of muscle relaxant medications. These drugs should be used with caution in patients driving motor vehicles or operating heavy machinery. Drugs with the most limited published evidence in terms of clinical effectiveness include Chlorzoxazone, Methocarbamol, Dantrolene and Baclofen. (Chou, 2004). According to a recent review in American Family Physician, skeletal muscle relaxants are the most widely prescribed drug class for musculoskeletal conditions (18.5% of prescriptions), and the most commonly prescribed

antispasmodic agents are Carisoprodol, Cyclobenzaprine, Metaxalone, and Methocarbamol, but despite their popularity, skeletal muscle relaxants should not be the primary drug class of choice for musculoskeletal conditions. (See2, 2008) Classifications: Muscle relaxants are a broad range of medications that are generally divided into antispasmodics, antispasticity drugs, and drugs with both actions. (See, 2008) (Van Tulder, 2006) Page(s): 63.

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines recommends non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP, however, in most LBP cases; they show no benefit beyond NSAIDs in pain and overall improvement. The medical records do not clearly reflect acute muscle spasms. There was no rationale for the chronic use of baclofen, no end-point of treatment, and no clear benefit from this medication. The medical necessity was not substantiated.