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| Case Number: | CM14-0030313 | | |
| Date Assigned: | 06/20/2014 | Date of Injury: | 10/24/2001 |
| Decision Date: | 07/17/2014 | UR Denial Date: | 02/19/2014 |
| Priority: | Standard | Application Received: | 03/10/2014 |

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, and is licensed to practice in California and Washington. 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 63-year-old female with a reported injury on 10/24/2001. The mechanism of injury was not provided within the clinical notes. The clinical note dated 01/27/2014 reported that the injured worker complained of back pain. The physical examination of the injured worker's lumbar spine revealed moderate tenderness to the right lower lumbar paraspinal muscles and the right SI joint. It was reported that the injured worker had a positive Faber's test. The injured worker's medication list included Neurontin, clonidine, Kadian, chlorzoxazone, Percocet, Ambien, levothyroxine, and ibuprofen. The injured worker's diagnoses included back pain, lumbar degenerative disc disease, radiculitis, and surgery in 1955, caesarian section, back surgery in 2001, and a tonsillectomy in 1987. The provider requested Ambien, Kadian, and chlorzoxazone. The treating physician's rationale was not provided within the clinical notes. The request for authorization was submitted on 03/06/2014. The injured worker's previous treatments were not provided within the clinical notes.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ambien CR 12.5mg #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 (ODG), Pain (Chronic).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain, Zolpidem (Ambien).

Decision rationale: The request for Ambien CR 12.5 mg #30 is not medically necessary. The injured worker complained of back pain. The treating physician's rationale for Ambien CR was not provided within the clinical notes. The Official Disability Guidelines recommend Zolpidem as a short-acting non-benzodiazepine 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 a lack of clinical information provided documenting the efficacy of Ambien CR as evidenced by decreased insomnia and increased proper sleep hygiene, along with significant objective functional improvements. Furthermore, the requesting provider did not specify the utilization frequency of the medication being requested. Thus, the request is not medically necessary

Kadian 50mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Kadian (morphine sulfate), Opioids, dosing, & Opioids, criteria for use Page(s): 56, 86, 76-78.

Decision rationale: The request for Kadian 50 mg #60 is not medically necessary. The injured worker complained of back pain. The treating physician's rationale for Kadian was not provided within the clinical documentation. The CA MTUS guidelines recognize Kadian as a brand of morphine sulfate. The guidelines recognize four domains that have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non-adherent) drug-related behaviors. The guidelines recommend that dosing not exceed 120 mg oral morphine equivalents per day, and for patients taking more than one opioid, the morphine equivalent doses of the different opioids must be added together to determine the cumulative dose. There is a lack of clinical information provided documenting the efficacy of Kadian as evidenced by decreased pain and significant objective functional improvements. It is noted that the injured worker's current medications include Kadian 50 mg twice daily and Percocet 10 mg as needed every 4 hours. With the combination of Kadian (morphine sulfate) and Percocet (oxycodone), the total daily morphine equivalency dose is equal to 190mg; the guidelines do not recommend the dosing to exceed 120 mg a day. As such, the request is not medically necessary.

Chlorzoxazone 500mg #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 65.

Decision rationale: The request for chlorzoxazone 500 mg #120 is not medically necessary. The injured worker complained of back pain. The treating physician's rationale for chlorzoxazone was not provided with the clinical information. The CA MTUS guidelines recognize Chlorzoxazone as a drug that works by primarily in the spinal cord and the subcortical areas of the brain. The mechanism of action is unknown but the effect is thought to be due to general depression of the central nervous system. Advantages over other muscle relaxants include reduced sedation and less evidence for abuse. There is a lack of clinical information provided documenting the efficacy of chlorzoxazone as evidenced by decreased pain, decrease muscle spasms, and significant objective functional improvements. Furthermore, the requesting provider did not specifically the utilization frequency of the medication being requested. As such, the request is not medically necessary.