

<b>Case Number:</b>	CM14-0030577		
<b>Date Assigned:</b>	06/20/2014	<b>Date of Injury:</b>	06/28/2003
<b>Decision Date:</b>	07/17/2014	<b>UR Denial Date:</b>	02/06/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/11/2014

### 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 Occupational Medicine and is licensed to practice in Texas. 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 54-year-old female injured on 6/28/032 due to an undisclosed mechanism of injury. Current diagnoses include myalgia and myositis, cervicgia, and post laminectomy syndrome of the cervical spine. Clinical note dated 1/22/14 indicates the injured worker presented reporting pain levels decrease from 9/10 to 2/10 with current medication regimen of Lyrica and baclofen for pain control. Documentation indicates injured worker is able to walk three blocks three times per day, sit/stand for 45 minutes, and a lift less than 10 pounds. It is noted the injured worker has increased motivation since participation in [REDACTED]. Injured worker finds Lyrica beneficial for neuropathic pain and baclofen for spasms. Injured worker reports she's not been able to sleep due to non-approval of Lunesta and has experienced constipation as a result of side effect of medications. Physical examination revealed limited range of motion the cervical spine in all directions, non-tenderness to palpation over cervical spinous processes, tight muscles around the shoulders, upper and lower extremity range of motion is functional, and bilateral upper extremity strength was 4/5. Medications include Lyrica 150 mg three times daily (TID), baclofen 10 mg two tabs at night (QHS), Ambien 10 mg at night (QHS), Senokot twice daily (BID). The initial request for Ambien 10 mg #30, Lyrica 150 mg #90 with three refills, baclofen 10 mg #60 with three refills, and Senokot - S #60 was initially non-certified on 02/06/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Ambien 10mg #30:** 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) - online version, Pain (Chronic), Zolpidem (Ambien®).

**Decision rationale:** As noted in the Pain (Chronic) of the Official Disability Guidelines (ODG) - online version, Ambien is approved for the short-term (usually two to six weeks) treatment of insomnia. Pain specialists rarely, if ever, recommend it for long-term use. Ambien can be habit-forming, and may impair function and memory more than opioid pain relievers. There is also concern that it may increase pain and depression over the long-term. As such, the request for Ambien 10mg #30 cannot be recommended as medically necessary.

**Lyrica 150mg #90 with three refills:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines PREGABALIN (LYRICA) Page(s): 99.

**Decision rationale:** As noted on page 99 of the Chronic Pain Medical Treatment Guidelines, Pregabalin (Lyrica) has been documented to be effective in treatment of diabetic neuropathy, postherpetic neuralgia, and is considered first-line treatment for both. Pregabalin was also approved to treat fibromyalgia. The clinical documentation fails to establish the presence of objective findings consistent with neuropathy. As such, the request for Lyrica 150mg #90 with three refills cannot be recommended as medically necessary at this time.

**Baclofen 10mg #60 with three refills:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines MUSCLE RELAXANTS (FOR PAIN) Page(s): 63.

**Decision rationale:** As noted on page 63 of the Chronic Pain Medical Treatment Guidelines, muscle relaxants are recommended as a second-line option for short-term (less than two weeks) treatment of acute low back pain and for short-term treatment of acute exacerbations in patients with chronic low back pain. Studies have shown that the efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. Based on the clinical documentation, the injured worker has exceeded the 2-4 week window for acute management also indicating a lack of efficacy if being utilized for chronic flare-ups. As such, the medical necessity of Baclofen 10mg #60 with three refills cannot be established at this time.

**Senokot-S #60:** 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 (Chronic), Opioid-induced constipation treatment.

**Decision rationale:** As noted on page 77 of the Chronic Pain Medical Treatment Guidelines, prophylactic constipation measures should be initiated when long-term opioid medications are to be utilized; however, there is no indication in the documentation that attempts were made and failed at first-line treatment options to include proper diet, activity modification and increased fluid intake. Additionally, there is indication that the injured worker cannot utilize the readily available over-the-counter formulation of the medication. As such, the request for Senokot-S #60 cannot be recommended as medically necessary.