

<b>Case Number:</b>	CM14-0035919		
<b>Date Assigned:</b>	07/30/2014	<b>Date of Injury:</b>	10/16/2012
<b>Decision Date:</b>	09/09/2014	<b>UR Denial Date:</b>	03/20/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/24/2014

### 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 and Rehabilitation and is licensed to practice in Illinois. 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 58-year-old female who reported a trip on fall on 10/16/2012. On 07/03/2014, she complained of neck pain radiating down the bilateral upper extremities and low back pain radiating down the bilateral lower extremities, with associated numbness and tingling. She further complained of frequent muscle spasms in her back. Her complaints also included right shoulder pain, ongoing headaches and insomnia. She rated her pain at 7/10 with medications and 10/10 without. She received transforaminal epidural steroid injections bilaterally at L4-5 on 02/04/2014, and reported 50% to 80% overall improvement. She reported functional improvement and decrease in pain, decrease in medication requirements and improved mobility. The duration of the improvement was 2 months. She reported that the use of acupuncture was helpful. Her diagnoses included chronic pain, lumbar radiculopathy, lumbar spinal stenosis, bilateral carpal tunnel syndrome, anxiety, depression, insomnia, left patellar fracture and history of fall secondary to leg weakness. Her medications included Ambien 10 mg, Ketoprofen 50 mg, tizanadine 2 mg, and tramadol 50 mg. On 05/17/2014, it was noted that this worker had a long history of depression and anxiety and had been on psychiatric medications. It was also noted that she had been taking Ambien since 2006. A psychiatric note from 05/06/2011, noted that this worker stated that everything in her life depressed her, she hated her living situation and that drinking made it easier to take and to go to sleep. There was no rationale included in this worker's chart. A Request for Authorization form dated 07/23/2014 for the acupuncture request was included.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Acupuncture for 4 sessions: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Acupuncture Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Acupuncture Treatment Guidelines.

**Decision rationale:** The California MTUS Guidelines recommend that acupuncture is an option when pain medication is reduced or not tolerated. It may be used as an adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery. The recommended frequency of treatments is 1 to 3 times per week with functional improvement noted in 3 to 6 treatments. The optimum duration of treatments is 1 to 3 months. Although, it was noted that this worker found acupuncture helpful there was no documentation regarding the length of time or number of treatments she had already received. Additionally, there was no documentation of quantifiable functional improvement or decrease in pain due to the acupuncture treatments. Additionally, there was no documentation that she was not tolerating her pain medications. Furthermore, there were no body parts specified to which the acupuncture treatments were to have been given. Nor was the reason for the acupuncture treatments specified. Therefore, the request for acupuncture for 4 sessions is not medically necessary.

**Ambien 10mg, at bedtime #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), Stress & Mental Illness Chapter, Zolpidem.

**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:** Per the Official Disability Guidelines, Ambien is a short acting non-benzodiazapine hypnotic, which is approved for short term treatment of insomnia, usually 2 to 6 weeks. While sleeping pills, so called minor tranquilizers, and anti-anxiety agents are commonly prescribed in chronic pain, pain specialist 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. The recommendations further state that the dose of Ambien for women should be lowered from 10 mg, to 5 mg. Additionally, Ambien has been linked to sharp increase in emergency room visits, so it should be used safely for only a short period of time. This worker has been taking Ambien for greater than 8 years. This exceeds the recommendations in the guidelines, as does the requested 10 mg dosage. Therefore, this request for Ambien 10 mg, at bedtime, #30 is not medically necessary.

**Ketoprofen 50mg, one every day, #30: 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 NSAIDS (non-steroidal anti-inflammatory drugs), pages 67-73 Page(s): 67-73.

**Decision rationale:** The California MTUS Guidelines recommends NSAIDS at the lowest possible dose for the shortest period of time in patients with moderate to severe osteoarthritis pain. The guidelines further state that there is inconsistent evidence for the use of these medications to treat long term neuropathic pain, but they may be useful to treat breakthrough and mixed pain conditions such as osteoarthritis and other nociceptive pain. Long term clinical trials are best interpreted to suggest that cardiovascular risk occurs with all NSAIDS and is a class effect, with Naproxen being the safest drug. NSAIDS are recommended as an option for short term symptomatic relief of chronic low back pain. Literature reviews suggested that NSAIDS are no more effective than other drugs such as acetaminophen, narcotic analgesics and muscle relaxants for chronic low back pain. Ketoprofen is recommended for osteoarthritis at a dosage of 50 mg, 4 times per day. This worker does not have a diagnosis of osteoarthritis and the dosage of ketoprofen is less than the recommended therapeutic dose. Additionally, the documentation shows that this worker has been taking ketoprofen since 10/2013, which exceeded the recommendations of NSAIDS being taken for the shortest period of time. There was no documentation of failed trials with acetaminophen or narcotic analgesics. The clinical information submitted fails to meet the evidence based guidelines for NSAIDS. Therefore, this request for ketoprofen, 50 mg, 1 every day, #30 is not medically necessary.

**Restone 3/100mg, at bedtime, #30:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.drugs.com/cdi/restone.html> and Official Disability Guidelines (ODG), Pain Chapter, Medical Food.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), pain, Compound drugs.

**Decision rationale:** The Official Disability Guidelines do not recommend compound drugs as a first line therapy for most patients, but they can be recommended as an option after a trial of first line FDA approved drugs, if the compound drug uses FDA approved ingredients that are recommended in the Official Disability Guidelines. Melatonin is approved in the Official Disability Guidelines; however, l-tryptophan is not. There was no documentation of failed trials of treating this worker's insomnia with melatonin alone. There was no justification for a compound drug including both melatonin and l-tryptophan. Additionally, this worker had been taking Ambien for over 8 years. There was no quantifiable documentation of reduced onset of sleep, improved sleep quality or total number of hours slept per night based on the use restone. Therefore, the request for restone 3/100 mg, at bedtime, #30 is not medically necessary.

**Tizanidine HCL 2mg, 1 every 12 hours, #60:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines muscle relaxants, pages 63-66 Page(s): 63-66.

**Decision rationale:** The California MTUS Guidelines recommend that non-sedating muscle relaxants be used with caution as a second line option for short term treatment of acute exacerbations in patients with chronic low back pain. In most low back pain cases they show no benefit beyond NSAIDS. The efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. Decisions are based on evidence based criteria. Muscle relaxants are supported for only short term use. Chronic use would not be supported by the guidelines. Tizanadine is a centrally acting alpha2-adrenergic agonist that is FDA approved for management of spasticity and unlabeled use for low back pain. The submitted documentation does not identify spasticity in this worker and there was no documentation of significant functional or vocational benefit with the use of tizanadine. Additionally, the documentation showed that this worker had been using tizanadine since 10/2013, which exceeds the recommendations in the guidelines for short term use. The clinical information submitted failed to meet the evidence based guidelines for tizanadine. Therefore, this request for tizanadine hydrochloride, 2 mg, 1 every 12 hours, #60 is not medically necessary.

**Tramadol 50mg, one every 8-12 hours, #90:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids (On-Going Management).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, pages 74-95 Page(s): 74-95.

**Decision rationale:** The California MTUS Guidelines recommend ongoing review of opioid use, including, documentation of pain relief, functional status, appropriate medication use and side effects. It should include current pain, intensity of pain before and after taking the opioid, how long it takes for pain relief and how long the pain relief lasts. A satisfactory response to treatment may be indicated by decreased pain, increased level of function or improved quality of life. Information from family members or other care givers should be considered in determining the patient's response to treatment. Opioids should be continued if the injured worker has returned to work or has improved functioning and decreased pain. For chronic low back pain, opioids appear to be efficacious but limited for short term pain relief. In most cases, analgesic treatment should begin with acetaminophen, aspirin, NSAIDS, antidepressants and or anticonvulsants. When these drugs do not satisfactorily reduce pain, opioids for moderate to moderately severe pain maybe added to but not substituted for the less efficacious drugs. Long term use may result in immunological or endocrine problems. There was no documentation in the submitted chart regarding appropriate long term monitoring, evaluations, including psychosocial assessment, side effects, failed trials of NSAIDS, aspirin, antidepressants or anticonvulsants, quantified efficacy, drug screens or collateral contacts. The clinical information

submitted failed to meet the evidence based guidelines for the use opioids. Therefore, the request for tramadol 50 mg, 1 every 8 to 12 hours, #90 is not medically necessary.