

Case Number:	CM14-0041074		
Date Assigned:	06/27/2014	Date of Injury:	05/21/1996
Decision Date:	08/18/2014	UR Denial Date:	03/14/2014
Priority:	Standard	Application Received:	04/07/2014

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 Medicine and is licensed to practice in California and Nevada. 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 male who had a work-related injury on 05/21/96. The injured worker was run over by a forklift. The injured worker has been treated for lumbar herniated disc, lumbar degenerative disc disease, lumbar post-laminectomy syndrome, and fibromyalgia/myofascial pain. Treatment has consisted of physical therapy, acupuncture, lumbar epidural steroid injection, trigger point injections, surgery L4-5 fusion in 1989, and a revision in 1995. Medications include Ambien, Lidoderm patch, Lyrica, Norco, Terocin, and Zanaflex. In review of the medical records submitted, visual analog scale scores have not changed. They are rated 4-9/10. There is no documentation of functional improvement while on medication. He has had urinary drug screens which have all been consistent with medications prescribed. Most recent clinical record dated 05/01/14 revealed the injured worker presented with worsening left greater than right lower extremity pain. The injured worker is now having pain radiating past his knee caps and burning on the bottom of both feet. The injured worker is also noticing a significant sharp pain behind his knee cap. There has been no antecedent trauma. Physical examination noted positive seated straight leg test bilaterally, but left side was much stronger than the right. Reflexes are 2+ in the knees, but absent in the ankles. Hyperesthesia bilaterally in the L4 and S1 dermatomes was noted. Prior utilization review dated 03/14/14 determined Zanaflex as non-certified. Norco 10/325 modified for weaning. Terocin adhesive patch was non-certified. Ambien was non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Zanaflex 4 mg tablet #90, 3 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 63-66.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 63-66. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain chapter, < Muscle relaxants (for pain).

Decision rationale: The request for Zanaflex 4 mg tablet #90, 3 refills is not medically necessary. Current evidence based guidelines do not support the request. Recommend non-sedating muscle relaxants with caution as a second-line option for short-term (less than two weeks) treatment of acute low back pain (LBP) and for short-term treatment of acute exacerbations in patients with chronic LBP. Therefore, medical necessity has not been established.

Norco 10/325 mg tablet #180, 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 76-80.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioid Page(s): 74-80. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain chapter, opioid's.

Decision rationale: The clinical documentation submitted for review does not support the request for Norco. Prior utilization review dated 03/14/14 was modified to initiate weaning. There is no documentation of functional improvement, or significant decrease in pain. As such, the request for Norco 10/325 mg tablet #180, 2 refills is not medically necessary and appropriate.

Terocin (idocaine-menthol) adhesive patch #30 patches: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 111. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain chapter, topical analgesic.

Decision rationale: Current evidence based guidelines do not support the request. Recommended for localized pain that is consistent with a neuropathic etiology after there has been evidence of a trial of first-line therapy (tri-cyclic or SNRI anti-depressants or an AED such as gabapentin or Lyrica). Topical lidocaine patches are generally not recommended for non-neuropathic pain (including osteoarthritis or myofascial pain/trigger points). Therefore, the request for Terocin (idocaine-menthol) adhesive patch #30 patches is not medically necessary and appropriate.

Ambien 10mg tablet, #30, 2 refills: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (OCG) Stress and Mental Illness Chapter.

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, Zolpidem (Ambien®).

Decision rationale: Current evidence based guidelines do not support the request. 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. As such, the request for Ambien 10 mg tablet, #30, 2 refills is not medically necessary and appropriate.