

Case Number:	CM14-0051824		
Date Assigned:	07/07/2014	Date of Injury:	09/21/2010
Decision Date:	09/05/2014	UR Denial Date:	03/31/2014
Priority:	Standard	Application Received:	04/18/2014

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 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:

The injured worker is a 53-year-old female who reported an injury on 09/21/2010. The mechanism of injury was not provided in the medical records. The clinical note dated 06/30/2014 indicated diagnoses of L3-4 grade I anterolisthesis status post L4-5 left laminectomy in 2004, left foraminal stenosis L3-4 and L4-5 with radiculopathy L3-4 laminectomy dated 03/22/2012, status post left carpal tunnel decompression dated 09/13/2012, left AC (Acromioclavicular) joint arthrosis and status post ACDF (Anterior Cervical Discectomy and Fusion) C6-7 dated 12/08/2011. The injured worker reported increased intrascapular pain associated with intermittent headaches that were fairly well controlled. The injured worker reported her low back pain had steadily increased in intensity associated with sciatic like symptoms that radiated into her leg. The injured worker reported difficulty entering and exiting vehicles due to symptoms and reported she relied on her cane to help with mobilization. On physical examination of the lumbar spine there was pain upon palpation with extension and increased pain and guarding with motion. The injured worker's straight leg raise was positive bilaterally. The injured worker had difficulty rising from a seated to standing position. The injured worker's motor examination demonstrated diffuse weakness in the legs. The injured worker had decreased sensation on the left L5 nerve distribution and S1 nerve distribution. The injured worker's treatment plans included medication refills. The injured worker's prior treatments included diagnostic imaging surgery and medication management. The injured worker's medication regimen included Norco, Prilosec, Zanaflex, and Ambien. The provider submitted a request for Ambien, Zanaflex, Prilosec, and Norco. A request for authorization was not submitted for review to include the date the treatment was requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

Zolpidem (Ambien) 10mg tab #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), Treatment Index, 11th Edition (web), 2013, Pain, Zolpidem (Ambien).

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 Zolpidem (Ambien) 10mg 30 tabs is non-certified. 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. The documentation submitted did not indicate the injured worker had findings that would support she was at risk for insomnia or sleep disturbances. In addition, there was lack of documentation of efficacy and functional improvement with the use of this medication. Moreover, it was not indicated how long the injured worker had been utilizing this medication. Additionally, the request did indicate the frequency for this medication. Therefore, the request of Zolpidem (Ambien) 10mg tab #30 is not medically necessary and appropriate.

Zanaflex 4mg tab #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 63.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxant, Tizanidine (Zanaflex) Page(s): 66.

Decision rationale: The California MTUS guidelines recognize Zanaflex as a centrally acting alpha2-adrenergic agonist muscle relaxant that is FDA approved for management of spasticity; unlabeled use for low back pain. There was lack of documentation of efficacy and functional improvement with the use of this medication. Additionally, there was lack of a pain assessment by the injured worker. In addition, it was not indicated how long the injured worker had been utilizing this medication. Moreover, the request did not indicate a frequency for this medication. Therefore, the request for Zanaflex 4mg tab #120 is not medically necessary and appropriate.

Prilosec tab #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68.

Decision rationale: The CA MTUS guidelines recommend the use of proton pump inhibitors if there is a history of gastrointestinal bleeding or perforations, a prescribed high dose of NSAIDs and a history of peptic ulcers. There is also a risk with long-term utilization of PPI (> 1 year) which has been shown to increase the risk of hip fracture. There is lack of documentation of efficacy and functional improvement with the use of this medication. In addition, there was lack of a pain assessment by the injured worker. Moreover, the documentation submitted did not indicate the injured worker had findings that would support she was at risk for gastrointestinal bleeding or perforations, or peptic ulcers. In addition, the request did not indicate a frequency for this medication. Therefore, the request for Prilosec tab #30 is not medically necessary and appropriate.

Hydrocodone/APAP 10-325mg (Norco) 10/325mg tab #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids (specific drug list and criteria for use) Page(s): 91; 78.

Decision rationale: The California MTUS Guidelines recommend the use of opioids for the ongoing management of chronic low back pain. The ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should be evident. There is lack of significant evidence of an objective assessment of the injured worker's pain level, functional status, and evaluation of risk for aberrant drug use behaviors and side effects. In addition, it was not indicated how long the injured worker had been utilizing this medication. Moreover, the request did not indicate a frequency for this medication. Therefore, the request of Hydrocodone/APAP 10-325mg (Norco) 10/325mg tab #120 is not medically necessary and appropriate.