

<b>Case Number:</b>	CM14-0089909		
<b>Date Assigned:</b>	07/23/2014	<b>Date of Injury:</b>	05/30/2003
<b>Decision Date:</b>	08/28/2014	<b>UR Denial Date:</b>	06/06/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/13/2014

### 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 Management 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 50 year old female who sustained an injury to her low back on 05/30/03 while handling material. MRI of the lumbar spine dated 10/08/08 revealed a small disc central disc protrusion at L5-S1, slightly deviating the course of the descending left S1 nerve root, but not impinging it; small central L4-5 disc protrusion. Treatment to date has included medications and a lumbar support. The injured worker continued to complain of low back pain radiating into the left leg including posterolateral thigh/calf and into the dorsal aspect of the foot. Physical examination noted decreased range of motion; spasms in the paravertebral muscles; lumbar facet loading positive bilaterally; ankle jerk 1/4 bilaterally, patellar jerk 2/4; sensation decreased over L5 dermatomes on left side of lower extremities; positive left straight leg raise. The request for Docusate Sodium 250 milligram soft gel quantity 60, Zanaflex 2 milligram quantity 45, Norco 10/325 milligram quantity 45, and Ambien 10 milligram quantity 20 was not certified on 06/06/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Docusate Sodium 250 mg Soft Gel #60:** Upheld

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

Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG) PAIN (CHRONIC), OPIOID-INDUCED.

**Decision rationale:** As noted in 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 Docusate Sodium 250 milligram soft gel #60 cannot be recommended as medically necessary.

**Zanaflex 2 mg #45:** 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 9792.20, MUSCLE RELAXANTS (FOR PAIN) Page(s): 63.

**Decision rationale:** As noted in 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 shortterm 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 two to four week window for acute management also indicating a lack of efficacy if being utilized for chronic flare ups. As such, the medical necessity of Zanaflex 2 milligram quantity 45 cannot be established at this time.

**Norco 10/325 mg # 45:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines CRITERIA FOR USE OF OPIOIDS Page(s): 77.

**Decision rationale:** As noted in the Chronic Pain Medical Treatment Guidelines, patients must demonstrate functional improvement in addition to appropriate documentation of ongoing pain relief to warrant the continued use of narcotic medications. There is no clear documentation regarding the functional benefits or any substantial functional improvement obtained with the continued use of narcotic medications. Specific examples of improved functionality should be provided to include individual activities of daily living, community activities, and exercise able to perform as a result of medication use. As the clinical documentation provided for review does not support an appropriate evaluation for the continued use of narcotics as well as establish the efficacy of narcotics, the medical necessity of Norco 10/325 mg. quantity 45 cannot be established at this time.

**Ambien 10 mg #20:** 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 Official Disability Guidelines (ODG), 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. The injured worker has been utilizing this medication on a long term basis, exceeding the recommended two to six week window of use. As such, the request for Ambien 10 milligram quantity 20 cannot be recommended as medically necessary.