MAXIMUS Federal Services

Case Number:	CM14-0091902		
Date Assigned:	07/25/2014	Date of Injury:	01/13/2005
Decision Date:	09/12/2014	UR Denial Date:	05/22/2014
Priority:	Standard	Application Received:	06/17/2014

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 Neurology, has a subspecialty in Neuromuscular Medecine and is licensed to practice in New Jersey. 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 patient is a 62-year-old woman, with a history of asthma, who sustained a work-related injury on January 13, 2005. Subsequently, she developed neck, shoulder, and back pain. The patient's past surgical history included left foot surgery and right shoulder surgery. According to the progress report dated May 2, 2014, the patient complained of right shoulder, neck, scapula, left elbow and lumbar pain. Her physical examination demonstrated cervical tenderness. The patient was diagnosed with lumbar degeneration and lumbar intervertebral disc without myelopathy; derangement of joint, shoulder region; and pain in joint, ankle, and foot. The patient's medication included: Ibuprofen, Cyclobenzaprine, Motrin, Neurontin, Percocet, Zocor, and Zolpidem. The patient stated that there is a decline in Percocet efficacy and some improvement with Neurontin efficacy on the burning sensation. The patient had been taking Flexeril for painful muscle tenseness to the neck and shoulder. The patient was taking Ambien at bedtime for sleep. The patient had physical therapy about a year ago. The patient stated that acupuncture had not been helpful in the past. The provider requested authorization for the following medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Refill for Zolpidem 10mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Non-Benzodiazepine sedative-hypnotics (Benzodiazepine-receptor agonists) Page(s): [electronically sited].

Decision rationale: According to ODG guidelines, Non-Benzodiazepine sedative-hypnotics (Benzodiazepine-receptor agonist) are first-line medications for insomnia. This class of medications includes zolpidem (Ambien), zaleplon (Sonata), and eszopicolone (Lunesta). Benzodiazepine-receptor agonists work by selectively binding to type-1 benzodiazepine receptors in the CNS. All of the Benzedrine-receptor agonist is schedule IV controlled substance, which means they have potential for abuse and dependency. Zolpidem is not recommended for long-term use to treat sleep problems. It seems that the patient has been prescribed this medication for a period that exceeded 2-6 week use without clear documentation of efficacy. There is no objective characterization of the patient sleep problems. Furthermore, there is no documentation of the use of non-pharmacological treatment for the patient's sleep issue. Therefore, the prescription of Ambien (Zolpidem) 10mg is not medically necessary.

Cyclobenzaprine 10mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63-64.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63.

Decision rationale: According to MTUS guidelines, Cyclobenzaprine a non-sedating muscle relaxants is recommended with caution as a second line option for short term treatment of acute exacerbations in patients with chronic spasm and pain. Efficacy appears to diminish over time and prolonged use may cause dependence. The guidelines do not recommend being used form more than 2-3 weeks. The patient in this case does not have clear significant functional improvement with prior use of muscle relaxants. There is no indication of recent evidence of spasm. Cyclobenzaprine was used at least since 2013 without clear documentation of efficacy. Therefore, the request for Cyclobenzaprine 10 mg is not medically necessary.

Refill for Cyclobenzaprine 10mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63-64.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63.

Decision rationale: According to MTUS guidelines, Cyclobenzaprine a non-sedating muscle relaxants is recommended with caution as a second line option for short term treatment of acute exacerbations in patients with chronic spasm and pain. Efficacy appears to diminish over time and prolonged use may cause dependence. The guidelines do not recommend being used form

more than 2-3 weeks. The patient in this case does not have clear significant functional improvement with prior use of muscle relaxants. There is no indication of recent evidence of spasm. Cyclobenzaprine was used at least since 2013 without clear documentation of efficacy. Therefore, the request for refill for Cyclobenzaprine 10 mg is not medically necessary.

Percocet 10/325mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 91-92.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opioids Page(s): 179.

Decision rationale: Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non-adherent) drug-related behaviors. These domains have been summarized as the "4 A's" (analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework. The patient has been using opioids for long period of time (at least since 2013) without recent documentation of full control of pain and without any documentation of functional or quality of life improvement. There is no clear documentation of patient improvement in level of function, quality of life, adequate follow up for absence of side effects and aberrant behavior with a previous use of narcotics. There is no justification for the use of several narcotics. Therefore the prescription of Percocet 10/325mg is not medically necessary.