

Case Number:	CM14-0187452		
Date Assigned:	11/17/2014	Date of Injury:	08/30/2001
Decision Date:	01/06/2015	UR Denial Date:	10/24/2014
Priority:	Standard	Application Received:	11/10/2014

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, has a subspecialty in Pain Medicine 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 patient is a 52 year old female who sustained a work related injury on August 30, 2001 to her lower back. No mechanism of injury was stated. The diagnoses are lumbar disc disease, lumbosacral arthritis, and lumbar radiculitis. There is no discussion of past surgical interventions, treatments, and radiology reports noted. According to the primary treating physician's progress report from June 6, 2014 through October 16, 2014 there is no change in the examination and patient has limited range of motion. The injured worker continues to experience pain and soreness across the lower back with radiation to the left thigh and leg. The patient ambulates with a cane for support with documented normal gait and no neuro deficits. The progress reports also note poor concentration and broken sleep. The treatment plan consists of continued medication, home exercises, and stretches. Work status is noted as disabled. The treating physician has requested Norco 10/325mg #120, Ambien 10mg #30, Zanaflex 4mg #100 and Valium 10mg #90. On October 24, 2014 the Utilization Review non-certified the prescriptions for Norco 10/325mg #120, Ambien 10mg #30, Zanaflex 4mg #100, and Valium 10mg #90 with the recommendation of weaning with allowance of one month supply for the weaning process of these medications. Citation used in the decision process was the Medical Treatment Utilization Schedule (MTUS) Chronic Pain Guidelines for sedating and non-sedating muscle relaxants and opioid usage. The Official Disability Guideline (ODG) - Treatment in Workman's Compensation (TWC) and Mosby's Drug Consults were utilized in the decision process for Ambien.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 75-80.

Decision rationale: Regarding the request for Norco (hydrocodone/acetaminophen), Chronic Pain Medical Treatment Guidelines state that Norco is an opiate pain medication. Due to high abuse potential, close follow-up is recommended with documentation of analgesic effect, objective functional improvement, side effects, and discussion regarding any aberrant use. Guidelines further specify for discontinuation of opioids if there is no documentation of improved function and pain. Within the documentation available for review, there is no indication that the medication is improving the patient's function or pain (in terms of specific examples of functional improvement and percent reduction in pain or reduced NRS), no documentation regarding side effects, and no discussion regarding aberrant use. A urine drug screen (UDS) was requested on 10/3/2014 but there is no discussion in the following visit whether it was completed and what the results were. As such, there is no clear indication for ongoing use of this opiate medication. In the absence of such documentation, the currently requested Norco 10/325mg #120 is not medically necessary. Opioids should not be abruptly discontinued, but unfortunately, there is no provision to modify the current request to allow tapering.

Ambien 10mg #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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chronic Pain, Sleep Medication

Decision rationale: Regarding the request for Ambien (Zolpidem), California MTUS guidelines are silent regarding the use of sedative hypnotic agents. ODG recommends the short-term use (usually two to six weeks) of pharmacological agents only after careful evaluation of potential causes of sleep disturbance. They go on to state the failure of sleep disturbances to resolve in 7 to 10 days, may indicate a psychiatric or medical illness. Within the documentation available for review, there are no subjective complaints of insomnia, no discussions regarding how frequently the insomnia complaints occur or how long they have been occurring, no statements indicating what behavioral treatments have been attempted for the condition of insomnia, and no statements indicating how the injured worker has responded to Ambien treatment. Finally, there is no indication that Ambien is being used for short-term use as recommended by guidelines. In the absence of such documentation, the currently requested Ambien 10mg #30 is not medically necessary.

Zanaflex 4mg #100: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 63-66 of 127.

Decision rationale: Regarding the request for Zanaflex (tizanidine) , Chronic Pain Medical Treatment Guidelines support the use of non-sedating muscle relaxants to be used with caution as a 2nd line option for the short-term treatment of acute exacerbations of pain. Guidelines go on to state that Zanaflex specifically is FDA approved for management of spasticity; unlabeled use for low back pain. Guidelines recommend LFT monitoring at baseline, 1, 3, and 6 months. Within the documentation available for review, there is no identification of a specific analgesic benefit or objective functional improvement as a result of the Zanaflex. There was no indication that the injured worker was having any acute exacerbation of muscle spasms at the time of the request and there were no objective findings consistent with muscle spasms on physical examination. It does not appear that this medication is being prescribed for the short-term treatment of an acute exacerbation, as recommended by guidelines. Furthermore, it does not appear that there has been appropriate liver function testing, as recommended by guidelines. In the absence of such documentation, the currently requested Zanaflex 4mg #100 is not medically necessary.

Valium 10mg #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): Page 24 of 127. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Chronic Pain Chapter, Benzodiazepines

Decision rationale: Regarding the request for Valium (diazepam), Chronic Pain Medical Treatment Guidelines state that benzodiazepines are "Not recommended for long-term use because long-term efficacy is unproven and there is a risk of dependence. Most guidelines limit use to 4 weeks... Tolerance to anxiolytic effects occurs within months and long-term use may actually increase anxiety. A more appropriate treatment for anxiety disorder is an antidepressant." The Chronic Pain Medical Treatment Guidelines on page 66 state the following regarding benzodiazepines in the context as an anti-spasm agent: "Benzodiazepines: Not recommended due to rapid development of tolerance and dependence. There appears to be little benefit for the use of this class of drugs over non benzodiazepines for the treatment of spasm." Within the documentation available for review, the treating physician stated that the injured worker ran out of her medications and was anxious; however, there was no indication that the injured worker was diagnosed with anxiety disorder. Furthermore, there was no documentation identifying any objective functional improvement as a result of the use of this medication and no rationale provided for long-term use despite the CA MTUS recommendation

against long-term use. Additionally, CA MTUS does not recommend the use of benzodiazepines for muscle spasms. Based on the guidelines, the currently requested Valium 10mg #90 is not medically necessary.