

<b>Case Number:</b>	CM14-0189726		
<b>Date Assigned:</b>	11/20/2014	<b>Date of Injury:</b>	03/11/2003
<b>Decision Date:</b>	01/08/2015	<b>UR Denial Date:</b>	10/29/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/13/2014

### 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 Preventive Medicine, has a subspecialty in Occupational Medicine, and is licensed to practice in Iowa. 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:

This is a 66 year old patient with date of injury of 03/11/2003. Medical records indicate the patient is undergoing treatment for status post lumbar surgery (1996), cervicobrachial syndrome, and cervical spondylosis without myelopathy and neck pain. Subjective complaints include significant pain the left shoulder and left side of the neck, greatest in the anterior shoulder that is painful to palpation, pain into the left upper arm, worse with movement; popping in the left shoulder with certain movements. Objective findings include decreased left shoulder ROM abduction at 75 degrees, forward flexion at 75, internal rotation at 45 and external rotation at 45, normal gait, no extremity swelling. MRI of the left shoulder on 10/06/2014 showed prominent tendinopathy and partial tears of supraspinatus, infraspinatus and subscapularis; No full-thickness rotator cuff tear; no tendon retraction or muscle atrophy; abnormal signal anterior labrum that likely relates to tear and degeneration; likely tear of the posterior superior labrum; mild chondromalacia with cartilage thinning and edema at the glenoid and humeral articular surfaces. MRI of the cervical spine dated 8/27/2007 showed osteoporotic superior endplate and inferior endplate compression at C5, mild to moderate. There is mild tetrolisthesis of C5 on C6 which creates borderline foraminal narrowing bilaterally at C5-6, but a definite foraminal narrowing is not seen; no central canal stenosis; very minimal degenerative disc changes noted at C3-4, C5-6; very minimal edema seen superiorly involving the T1 vertebral body, which shows and increased signal on the STIR images, the significance of this finding is uncertain, but this could be the source of cervical spine pain. No superior endplate changes seen at the T1 vertebral body. Treatment has consisted of lumbar spine surgery, x-rays, MRI and medications that include Ambien, Percocet, Prevacid, Valium, Tizanidine, Tramadol/APAP, Crestor, Diltiazem, Levothyroxine and Xarelto. The utilization review determination was rendered on 10/29/2014

recommending non-certification of (1) Prescription of Percocet 10/325mg #120, (1) Prescription of Ambien 10mg #30 with 1 refill and (1) Prescription of Tizanidine 4mg #60.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **(1) Prescription of Percocet 10/325mg #120: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back - Lumbar & Thoracic (Acute & Chronic), Opioids

**Decision rationale:** Percocet (oxycodone with acetaminophen) is a short-acting opioid. Chronic pain guidelines and ODG do not recommend opioid "except for short use for severe cases, not to exceed 2 weeks" and "Routine long-term opioid therapy is not recommended, and ODG recommends consideration of a one-month limit on opioids for new chronic non-malignant pain patients in most cases, as there is little research to support use. The research available does not support overall general effectiveness and indicates numerous adverse effects with long-term use. The latter includes the risk of ongoing psychological dependence with difficulty weaning." Additionally, indications for when opioids should be discontinued include "If there is no overall improvement in function, unless there are extenuating circumstances". Medical documentation provided indicates that this patient has previously been on Percocet without adequate pain relief. The treating physician has not provided documentation as to why Percocet would be an appropriate choice at this time given the patient's previous lack of therapeutic response to this medication. As such, the request for (1) Prescription of Percocet 10/325mg #120 is not medically necessary.

#### **(1) Prescription of Ambien 10mg #30 with 1 refill: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines 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, insomnia treatment

**Decision rationale:** The CA MTUS silent regarding this topic. ODG states that zolpidem is a prescription short acting non-benzodiazepine hypnotic, which is approved for short-term treatment of insomnia. There has been no discussion of the patient's sleep hygiene or the need for variance from the guidelines, such as "a) Wake at the same time everyday; (b) Maintain a consistent bedtime; (c) Exercise regularly (not within 2 to 4 hours of bedtime); (d) Perform relaxing activities before bedtime; (e) Keep your bedroom quiet and cool; (f) Do not watch the

clock; (g) Avoid caffeine and nicotine for at least six hours before bed; (h) Only drink in moderation; & (i) Avoid napping." Medical documents also do not include results of these first line treatments, if they were used in treatment of the patient's insomnia. ODG additionally states "The specific component of insomnia should be addressed: (a) Sleep onset; (b) Sleep maintenance; (c) Sleep quality; & (d) Next-day functioning." Medical documentation provided show this patient has been on this medication far in excess of the two to six weeks the guidelines recommend. Documentation provided still states that this patient is complaining of sleep disturbances and there is no report of improvement in the patient's symptoms. As such, the request for (1) Prescription of Ambien 10mg #30 with 1 refill is not medically necessary at this time.

**(1) Prescription of Tizanidine 4mg #60: 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 Guidelines Muscle Relaxants, Zanaflex Page(s): 63-67.

**Decision rationale:** Zanaflex is the brand name version of tizanidine, which is a muscle relaxant. MTUS states concerning muscle relaxants "Recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP. (Chou, 2007) (Mens, 2005) (VanTulder, 1998) (van Tulder, 2003) (van Tulder, 2006) (Schnitzer, 2004) (See, 2008) Muscle relaxants may be effective in reducing pain and muscle tension, and increasing mobility. However, in most LBP cases, they show no benefit beyond NSAIDs in pain and overall improvement. Also there is no additional benefit shown in combination with NSAIDs. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. (Homik, 2004) Sedation is the most commonly reported adverse effect of muscle relaxant medications. These drugs should be used with caution in patients driving motor vehicles or operating heavy machinery. Drugs with the most limited published evidence in terms of clinical effectiveness include chlorzoxazone, methocarbamol, dantrolene and baclofen. (Chou, 2004) According to a recent review in American Family Physician, skeletal muscle relaxants are the most widely prescribed drug class for musculoskeletal conditions (18.5% of prescriptions), and the most commonly prescribed antispasmodic agents are carisoprodol, cyclobenzaprine, metaxalone, and methocarbamol, but despite their popularity, skeletal muscle relaxants should not be the primary drug class of choice for musculoskeletal conditions. (See2, 2008)." MTUS further states, "Tizanidine (Zanaflex, generic available) is a centrally acting alpha2-adrenergic agonist that is FDA approved for management of spasticity; unlabeled use for low back pain. (Malanga, 2008) Eight studies have demonstrated efficacy for low back pain. (Chou, 2007) One study (conducted only in females) demonstrated a significant decrease in pain associated with chronic myofascial pain syndrome and the authors recommended its use as a first line option to treat myofascial pain. (Malanga, 2002) May also provide benefit as an adjunct treatment for fibromyalgia. (ICSI, 2007)." Medical documentation provided indicates this patient has been on this medication for a prolonged period. The treating physician has provided no evidence of an acute exacerbation or re-injury. Guideline recommendations for this medication are for short term use for acute exacerbations of

chronic pain. As such, the request for (1) Prescription of Tizanidine 4mg #60 is not medically necessary.