

Case Number:	CM14-0190671		
Date Assigned:	11/18/2014	Date of Injury:	03/16/1995
Decision Date:	01/15/2015	UR Denial Date:	10/23/2014
Priority:	Standard	Application Received:	11/14/2014

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 Internal 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 injured worker (IW) is a 52-year-old woman with a date of injury of March 16, 1995. The mechanism of injury was not documented in the medical record. The current working diagnoses are right carpal tunnel syndrome; cervical post laminectomy syndrome; transformed migraine; weight gain; reports of depression, anxiety; and reactive depression and anxiety. Pursuant to the Primary Treating Physician's Progress Report (PR-2) dated September 15, 2014, the IW presents for medication management. She has been using Norco and Tizanidine at night for pain and spasm. The pain keeps her up and she has difficulty sleeping, and therefore uses Ambien. She also takes Lyrica for neuropathic pain and is hoping to refills these medications. A progress note dated April 8, 2013 indicated that the IW has been taking the aforementioned medications since that time. There are no detailed pain assessments or objective functional improvement associated with her prescribed medications. On exam, the IW is showing signs of depression. She became tearful when discussing her condition. She has painful limited cervical range of motion with positive axial head compression test bilaterally. The treatment plan recommendations include refills of all medications, and continue weight loss efforts. The current request is for Tizanidine 4mg #60, Ambien 10mg #30, and Norco #60. The strength and the dosage instructions were not provided on the authorization request.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tizanidine 4mg #60: 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) Muscle Relaxant

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 65-66. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Pain Section, Muscle Relaxants

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Tizanidine 4 mg #60 is not medically necessary. Muscle relaxants are recommended as second line option for short-term (less than two weeks) acute low back pain and the short-term treatment of acute exacerbations in patients with chronic back. Efficacy appears to diminish over time and prolonged use may lead to dependence. In this case, the injured workers working diagnoses are right carpal tunnel syndrome; cervical post laminectomy pain syndrome; transformed migraine; weight gain; reports of depression, anxiety; reactive depression and anxiety. Progress note dated April 8, 2013 indicates to Tizanidine was prescribed at that time. Tizanidine, a muscle relaxant, is indicated for short-term (less than two weeks) treatment of acute low back pain or exacerbation with chronic low back pain. Consequently, absent the appropriate clinical indication, Tizanidine 4 mg #60 is not medically necessary.

Ambien 10MG, #30: Upheld

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

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

Decision rationale: Pursuant to the Official Disability Guidelines, Ambien 10 mg #30 is not medically necessary. Ambien (Zolpidem) is a short acting non-benzodiazepine hypnotic recommended for 7 to 10 days for treatment of insomnia. See guidelines for additional details. In this case, a progress note dated April 8, 2013 indicates Ambien 10 mg was being used at that time. There are no other subsequent progress notes that address Ambien and it is unclear whether Ambien has been in use since that date. The documentation states the worker has difficulty sleeping due to pain and, therefore, uses Ambien. Regardless, Ambien is a short acting non-benzodiazepine recommend the 7 to 10 days for treatment of insomnia. Consequently, at the appropriate clinical indication for Ambien, Ambien 10 mg #30 is not medically necessary.

Norco #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opiates Page(s): 74-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Section, Opiates

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Norco #60 is not medically necessary. Ongoing, chronic use of opiates requires an ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Detailed pain assessments should accompany ongoing opiate use. Satisfactory response to treatment may be indicated by the patient's decreased pain, increase level of function, or improve quality of life. The lowest possible dose should be prescribed to improve pain and function. In this case, the injured workers working diagnoses are right carpal tunnel syndrome; cervical post laminectomy pain syndrome; transformed migraine; weight gain; reports of depression, anxiety; reactive depression and anxiety. Norco has been used as far back as April 8 of 2013 according to a progress note with the same date. Norco has been used in conjunction with Tizanidine, and Ambien. The documentation does not reflect objective functional improvement or a reduction in the medication (Norco) frequency and duration. Additionally, the request does not address the dosage and instructions for use. Consequently, absent the appropriate documentation and dosing instructions, Norco #60 is not medically necessary.