

Case Number:	CM14-0196126		
Date Assigned:	12/04/2014	Date of Injury:	09/22/2002
Decision Date:	03/24/2015	UR Denial Date:	11/07/2014
Priority:	Standard	Application Received:	11/24/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
State(s) of Licensure: California, Indiana, New York
Certification(s)/Specialty: Internal Medicine

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 45 year old female with an industrial injury dated 09/22/2002. Her diagnoses include lumbar radiculopathy, post lumbar laminectomy syndrome, lumbar spine degenerative disc disease, and low back pain. Recent diagnostic testing has included multiple urine toxicology screenings with consistent results. She has been treated with conservative care, chronic long term medication use, use of a H-Wave unit, and acupuncture. In a progress note dated 10/13/2014, the treating physician reports low back pain radiating to both lower extremities, and low back ache despite treatment. The objective examination revealed restricted range of motion in the lumbar spine due to pain, tenderness and hypertonicity to palpation of the lumbar spine bilaterally, positive facet loading in the lumbar spine bilaterally, positive FABER test, and positive straight leg raises on the right. The treating physician is requesting multiple medications which were modified by the utilization review. On 11/07/2014, Utilization Review modified a prescription for Zanaflex 4mg #90 to the approval of Zanaflex 4mg #90 with a 30 day supply for weaning, noting the lack of documented spasticity, lack of documented functional benefit from use of this medication, and the non-recommended long term use of this medication. The MTUS Guidelines were cited. On 11/07/2014, Utilization Review modified a prescription for Norco 10/325mg #180 to the approval of Norco 10/325mg #180 with a 30 day supply for weaning, noting the lack of measurable analgesic benefit or functional improvement with ongoing use of this opioid medication, and the excessive dosing of opioid medications. The MTUS Guidelines were cited. On 11/07/2014, Utilization Review modified a prescription for Ambien CR 12.5mg #30 to the approval of Ambien CR 12.5mg #30 with a 30 day supply for

weaning, noting the evidence based criteria that restricts the use of this medications to a 2-6 week course of treatment which exceeding this may result in further functional impairment, increased pain levels and increased depression which would be counterproductive in the clinical setting. The ODG Guidelines were cited. On 11/24/2014, the injured worker submitted an application for IMR for review of Zanaflex 4mg #90, Norco 10/325mg #180, and Ambien CR 12.5mg #30.

IMR ISSUES, DECISIONS AND RATIONALES

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

Zanaflex 4 mg, ninety count: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants Page(s): 63-66. Decision based on Non-MTUS Citation Pain section, Muscle relaxants

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Zanaflex 4 mg #90 is not medically necessary. Muscle relaxants are recommended as a second line option short-term (less than two weeks) of acute low back pain and for short-term treatment of acute exacerbations in patients with chronic low back pain. Efficacy appears to diminish over time and prolonged use may lead to dependence. In this case, the injured worker's working diagnoses are lumbar radiculopathy; post lumbar laminectomy syndrome; spinal/lumbar degenerative disc disease; and low back. The documentation indicates the injured worker has been taking Zanaflex as far back as May 17, 2014 on an as needed basis. The injured worker has presented for regular refills. The documentation does not contain evidence of objective functional improvement as it relates to ongoing long-term Zanaflex use. Additionally, Zanaflex is recommended for short-term (less than two weeks) treatment. The documentation does not contain compelling clinical facts to warrant long-term use. Consequently, absent clinical documentation with objective functional improvement to gauge Zanaflex's long-term use, Zanaflex 4 mg #90 is not medically necessary.

Norco 10/325 mg, 180 count: Upheld

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

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

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Norco 10/325 mg #180 is not medically necessary. Ongoing, chronic opiate use requires an ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. A detailed pain assessment should accompany ongoing opiate use. Satisfactory response to treatment may be indicated by the patient's

decreased pain, increased 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 worker's working diagnoses are lumbar radiculopathy; post lumbar laminectomy syndrome; spinal/lumbar degenerative disc disease; and low back. The documentation indicates the injured worker has been taking Norco as far back as May 17, 2014 for breakthrough pain. The engine worker has presented for regular refills. The documentation does not contain evidence of objective functional improvement as it relates to ongoing Norco use. Consequently, absent clinical documentation with objective functional improvement to gauge Norco efficacy, Norco 10 mg #180 is not medically necessary.

Ambien CR 12.5 mg, thirty count: 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)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Pain section, Ambien CR

Decision rationale: Pursuant to the Official Disability Guidelines, Ambien CR 10 mg #30 is not medically necessary. Ambien (zolpidem) is a short acting non-benzodiazepine hypnotic recommended for short-term (7-10 days) treatment of insomnia. While sleeping pills, so-called minor tranquilizers, and anti-anxiety agents are commonly prescribed in chronic pain, pain specialists rarely recommend them for long-term use. They can be habit forming and may impair function and memory more than opiates. The dose for Ambien and women should be lowered from 10 mg to 5 mg for immediate release products and from 12.5 mg to 6.25 mg for extended-release products (Ambien CR). In this case, the injured worker's working diagnoses are lumbar radiculopathy; post lumbar laminectomy syndrome; spinal/lumbar degenerative disc disease; and low back. The documentation indicates the injured worker has been using Ambien CR as far back as May 17, 2014 on a PRN basis. The guidelines recommend decreasing the dose of Ambien CR from 12.5 mg to 6.25 mg for extended-release products (Ambien CR). Additionally, Ambien is recommended for short-term (7 to 10 days) treatment of insomnia. Consequently, absent clinical documentation to support the ongoing use of Ambien CR with an incorrect dosage, Ambien CR 10 mg #30 is not medically necessary.