

Case Number:	CM14-0208860		
Date Assigned:	12/22/2014	Date of Injury:	03/20/2000
Decision Date:	02/27/2015	UR Denial Date:	12/05/2014
Priority:	Standard	Application Received:	12/14/2014

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. 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: Texas, Ohio, California
 Certification(s)/Specialty: Preventive Medicine, Occupational 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic neck pain reportedly associated with an industrial injury of March 20, 2000. In a Utilization Review Report dated December 12, 2014, the claims administrator failed to approve request for Zanaflex, Ambien, Wellbutrin, and Avinza. The claims administrator referenced an RFA form received on November 6, 2014 in its determination. The applicant's attorney subsequently appealed. The applicant's attorney subsequently appealed. In a letter dated November 6, 2014, the claims administrator requested that the attending provider submit his medication request via the state-mandated RFA form. In an RFA form, not clearly dated, the attending provider sought authorization for Zanaflex, Zoloft, Ambien, Wellbutrin, and Avinza. In an associated progress note dated October 28, 2014, the applicant reported persistent complaints of neck and low back pain with derivative complaints of anxiety. The applicant had undergone 10 epidural steroid injections, a diskogram, a discectomy procedure, and an IDET procedure, it was stated. The applicant had a history of marijuana usage, it was suggested in the social history section of the note. The applicant's medication list included Ambien, Avinza, Norco, Wellbutrin, Zanaflex, and Zoloft. Multiple medications were renewed. The applicant's work status was not clearly stated. The applicant was having issues with anxiety, depression, insomnia, and mood swings, it was acknowledged. On November 20, 2014, the applicant reported persistent complaints of neck and low back pain. The attending provider stated that the applicant was benefitting from the current treatment plan but did not elaborate further. The applicant's work and functional status were not detailed. Multiple medications were renewed, including

Avinza. The applicant was again described as having history of marijuana usage. It was not stated how recently the applicant had or had not used marijuana. The applicant was using Ambien in an earlier note of April 29, 2014, it was incidentally noted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Zanaflex 6mg #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional Restoration Approach to Chronic Pain Management, Tizanidine/Zanaflex Page(s): 7, 66.

Decision rationale: While page 66 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that tizanidine or Zanaflex is FDA approved in the management of spasticity but can be employed off label for low back pain as was/is present here, this recommendation is, however, qualified by commentary made on page 7 of the MTUS Chronic Pain Medical Treatment Guidelines to the effect that an attending provider should incorporate some discussion of medication efficacy into his choice of recommendations. Here, however, the applicant's work status has not been clearly outlined from visit to visit, suggesting that the applicant is off of work. The attending provider failed to outline any quantifiable decrements in pain and/or material improvements in function achieved as a result of ongoing tizanidine (Zanaflex) usage. The applicant's ongoing usage of several opioid agents, including Avinza, further suggests that ongoing usage of Zanaflex has proven unsuccessful in terms of the functional improvement parameters established in MTUS 9792.20f. Therefore, the request was not medically necessary.

Ambien 10mg #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional Restoration Approach to Chronic Pain Management Page(s): 7-8. Decision based on Non-MTUS Citation Food and Drug Administration (FDA), Ambien Medication Guide.

Decision rationale: While the MTUS does not specifically address the topic of Ambien usage, pages 7 and 8 of the MTUS Chronic Pain Medical Treatment Guidelines stipulates that an attending provider using a drug for non-FDA label purposes has the responsibility to be well informed regarding usage of the same and should, furthermore, furnish compelling evidence to support such usage. The Food and Drug Administration (FDA) notes that Ambien is indicated in the short-term treatment of insomnia, for up to 35 days. Here, the applicant has been using Ambien for a minimum of several months. Such usage, however, runs counter to the FDA label. No rationale or medical evidence for such usage in the face of the unfavorable FDA position on

the same was proffered by the attending provider. Therefore, the request was not medically necessary.

Wellbutrin XL 300mg #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment, Chapter 15 Stress Related Conditions Page(s): 47, 402.

Decision rationale: While the MTUS Guideline in ACOEM Chapter 15, page 402 does acknowledge that antidepressants such as Wellbutrin may be helpful to alleviate symptoms of depression, this recommendation is, however, qualified by commentary made in ACOEM Chapter 3, page 47 to the effect that an attending provider should incorporate some discussion of medication efficacy into his choice of recommendations. Here, however, the attending provider has failed to outline whether or not ongoing usage of Wellbutrin has proven effective in attenuating the applicant's symptoms of depression or not. The applicant was consistently described in multiple progress notes, referenced above, including on April 29, 2014, May 22, 2014, October 28, 2014, and November 20, 2014 as exhibiting ongoing issues with anxiety, depression, insomnia, mood swings, and withdrawn behavior. There was no mention of Wellbutrin's augmenting the applicant's mood and/or improving the applicant's functionality in appreciable way. Therefore, the request was not medically necessary.

Avinza 120mg #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines When to Discontinue Opioids, When to Continue Opioids Page(s): 79, 80.

Decision rationale: As noted on page 79 of the MTUS Chronic Pain Medical Treatment Guidelines, immediate discontinuation of opioids is suggested in applicants who are engaged in illegal activity including usage of illicit drugs. Here, the applicant does appear to be engaged in illicit activity in the form of his continuing to use marijuana, an illicit drug. Discontinuing Avinza appears to be a more appropriate option than continuing the same in the face of the applicant's concomitant usage of marijuana. It is further noted that the applicant seemingly failed to meet criteria set forth on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines for continuation for opioid therapy. Specifically, it does not appear that the applicant has returned to work. The attending provider has failed to outline any quantifiable decrements in pain and/or material improvements in function achieved as a result of ongoing Avinza usage. Therefore, the request was not medically necessary.