MAXIMUS Federal Services

| Case Number: | CM14-0042752 | | |
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| Date Assigned: | 06/30/2014 | Date of Injury: | 10/14/2007 |
| Decision Date: | 05/01/2015 | UR Denial Date: | 03/25/2014 |
| Priority: | Standard | Application Received: | 04/09/2014 |

## 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
Certification(s)/Specialty: Physical Medicine & Rehabilitation

## 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 57 year old male with an industrial injury dated 10/24/2007. His diagnosis includes chronic pain, degenerative disc disease of lumbar 4-5 and lumbar 5- sacral 1, opioid dependence, multi-level disc protrusion and right sacroiliac joint dysfunction. He has been treated with medications and right sacroiliac joint injection. He had completed a detox program in July 2013. He presents on 03/05/2014 with complaints of ongoing pain in his lower back. He reports trying to manage his pain with just Norco but states it is not working. He reports difficulty sleeping. Lumbar exam noted limited range of motion. The treating physician requested authorization for medications to include a medication for sleep.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Ambien CR 12.5 mg #10:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Insomnia.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official disability guidelines Pain Chapter, Zolpidem - Ambien.

**Decision rationale:** The patient presents on 03/05/14 with unrated lower back pain. The patient's date of injury is 10/14/07. Patient is status post right sacroiliac joint injection on 03/21/14. The request is for Ambien CR 12.5MG #10. The RFA was not provided. Physical examination dated 03/05/14 reveals decreased sensation to the L4-S1 dermatomes on the right side and decreased range of lumbar motion. No other positive physical findings are included. The patient is currently prescribed Norco, Butrans, Ambien, Tizanidine, and Lyrica. Diagnostic imaging was not provided. Per 03/05/14 progress note, patient is advised to return to work immediately without restrictions. MTUS Guidelines do not specifically address Ambien, though ODG-TWC, Pain Chapter, Zolpidem -Ambien- Section states: "Zolpidem is a prescription short-acting nonbenzodiazepine hypnotic, which is recommended for short-term 7-10 days treatment of insomnia. Proper sleep hygiene is critical to the individual with chronic pain and often is hard to obtain. Various medications may provide short-term benefit. While sleeping pills, so-called minor tranquilizers, and anti-anxiety agents are commonly prescribed in chronic pain, pain specialists rarely, if ever, recommend them for long-term use. They can be habit-forming, and they may impair function and memory more than opioid pain relievers may. There is also concern that they may increase pain and depression over the long-term." In regard to what appears to be the initiating prescription of Ambien, the request appears reasonable. There is no documentation of prior Ambien utilization in the reports provided. The specified 10 tablets falls within ODG recommendations of a duration of therapy 7-10 days. Therefore, the request IS medically necessary.

**Tizanidine 4 mg #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 66.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants Pain outcomes and endpoints Page(s): 63-66, 8-9.

**Decision rationale:** The patient presents on 03/05/14 with unrated lower back pain. The patient's date of injury is 10/14/07. Patient is status post right sacroiliac joint injection on 03/21/14. The request is for Tizanidine 4MG #60. The RFA was not provided. Physical examination dated 03/05/14 reveals decreased sensation to the L4-S1 dermatomes on the right side and decreased range of lumbar motion. No other positive physical findings are included. The patient is currently prescribed Norco, Butrans, Ambien, Tizanidine, and Lyrica. Diagnostic imaging was not provided. Per 03/05/14 progress note, patient is advised to return to work immediately without restrictions. MTUS Chronic Pain Medical Treatment Guidelines under the topic: Muscle Relaxants for pain, on page 66 under Tizanidine states this medication has FDA approval for spasticity and unlabeled use for low back pain, and notes it has been considered as a first-line option to treat myofascial pain and beneficial for fibromyalgia. When using tizanidine, the guidelines recommend checking liver function at baseline, 1, 3, and 6 months out. MTUS Chronic Pain Medical Treatment Guidelines, pg 9 under Pain Outcomes and Endpoints states:

"All therapies are focused on the goal of functional restoration rather than merely the elimination of pain and assessment of treatment efficacy is accomplished by reporting functional improvement." In regard to the request for a continuation of Tizanidine, the treater has not documented pain reduction or functional improvement attributed to this medication. The records provided indicate that this patient has been taking Tizanidine since at least 02/10/14. No discussion of functional improvements, muscle spasm relief, or pain relief is included in the subsequent reports. MTUS guidelines require documentation of relief for medications when used for chronic pain. Therefore, the request IS NOT medically necessary.

**Lyrica 50 mg #90:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 16-22.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Pain Outcomes and Endpoints Antiepilepsy drugs (AEDs) Page(s): 8-9, 16-19.

**Decision rationale:** The patient presents on 03/05/14 with unrated lower back pain. The patient's date of injury is 10/14/07. Patient is status post right sacroiliac joint injection on 03/21/14. The request is for Lyrica 50MG #90. The RFA was not provided. Physical examination dated 03/05/14 reveals decreased sensation to the L4-S1 dermatomes on the right side and decreased lumbar range of motion. No other positive physical findings are included. The patient is currently prescribed Norco, Butrans, Ambien, Tizanidine, and Lyrica. Diagnostic imaging was not provided. Per 03/05/14 progress note, patient is advised to return to work immediately without restrictions. MTUS guidelines, page 16 states the following regarding Lyrica: "Pregabalin -Lyrica- has been documented to be effective in treatment of diabetic neuropathy and postherpetic neuralgia, has FDA approval for both indications, and is considered first-line treatment for both. This medication is designated as a Schedule V controlled substance because of its causal relationship with euphoria. This medication also has an anti anxiety effect. Pregabalin is being considered by the FDA as treatment for generalized anxiety disorder and social anxiety disorder." MTUS Chronic Pain Medical Treatment Guidelines, pg 9 under Pain Outcomes and Endpoints states: "All therapies are focused on the goal of functional restoration rather than merely the elimination of pain and assessment of treatment efficacy is accomplished by reporting functional improvement." In regard to the request for Lyrica, treater has not documented pain reduction or functional improvement attributed to this medication. Progress reports provided indicate that this patient has been receiving Lyrica since at least 02/10/14, though no subjective reports of pain improvement attributed to this medication are provided in the subsequent reports. MTUS requires such documentation to substantiate continued use. The request IS NOT medically necessary.