MAXIMUS Federal Services

| Case Number: | CM15-0004115 | | |
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| Date Assigned: | 01/15/2015 | Date of Injury: | 11/29/1999 |
| Decision Date: | 03/16/2015 | UR Denial Date: | 01/02/2015 |
| Priority: | Standard | Application Received: | 01/08/2015 |

## 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: Pennsylvania
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 71 year old male who sustained an industrial injury on 11/29/1999. The diagnoses have included cervical spine spondylosis, right shoulder tendinitis and carpal tunnel syndrome. Treatment to date has included physical therapy and pain medications. Per the Primary Treating Physician's Progress Report from 12/10/2014, the injured worker had completed 12 physical therapy sessions. He reported increased range of motion and increased strength in neck and low back and was able to walk longer distances. He complained of popping in knees and giving way. Objective findings were tenderness to palpation of knees, cervical spine and lumbar spine, with normal upper and lower extremity motor examination bilaterally. Work status was noted as not working/retired. Authorization was requested for physical therapy, magnetic resonance imaging (MRI) of knees, Tylenol No.3, Zanaflex, Rozerem and Glucosamine. On 1/2/2015 Utilization Review (UR) modified a request for 120 Tylenol No.3 300/30mg to Tylenol No.3 #60 noting that the prior certification amounts for this medication were for 60 tablets. UR non-certified a request for 12 physical therapy sessions, noting that the injured worker should have been transitioned into a home exercise program following the recent course of 12 physical therapy sessions. UR non-certified a request for 120 Zanaflex 2mg, noting that MTUS recommends non-sedating muscle relaxants and the injured worker was not experiencing an exacerbation of his chronic condition. UR non-certified a request for Rozerem, noting that the current report contained no subjective complaints of sleep difficulty. The MTUS, ACOEM Guidelines and ODG were cited.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**30 Rozerem, 8 MG:** 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 chronic pain chapter: Insomnia treatment

**Decision rationale:** The MTUS does not address the use of hypnotics other than benzodiazepines. No physician reports describe the specific criteria for a sleep disorder, and no issues with insomnia were documented. Treatment of a sleep disorder, including prescribing hypnotics, should not be initiated without a careful diagnosis. There is no evidence of that in this case. For the treatment of insomnia, pharmacologic agents should only be used after careful evaluation of potential causes of sleep disturbance. Specific components of insomnia should be addressed. There was no documentation of evaluation of sleep disturbance in the injured worker, and components insomnia were not addressed. Ramelteon (Rozerem) is a selective melatonin agonist indicated for difficulty with sleep onset. Side effects include central nervous system depression, somnolence, dizziness, fatigue, abnormal thinking and bizarre behavior. It should be used with caution in patients with depression, hepatic impairment, and respiratory conditions such as chronic obstructive pulmonary disease (COPD) or sleep apnea. Due to the lack of documentation of an indication for use, and lack of evaluation for sleep disorder, the request for rozerem is not medically necessary.

**120 Zanaflex, 2 MG:** 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): p. 63-33.

**Decision rationale:** The MTUS for chronic pain does not recommend muscle relaxants for chronic pain. Non-sedating muscle relaxants are an option for short-term exacerbations of chronic low back pain. The muscle relaxant prescribed in this case is sedating. The injured worker has chronic pain with no evidence of prescribing for flare-ups. The quantity prescribed implies long term use, not for a short period of use for acute pain. Zanaflex is approved for management of spasticity and unlabeled for use for low back pain. Side effects include somnolence, dizziness, dry mouth, hypotension, weakness, and hepatotoxicity. Liver function tests should be monitored. It should be used with caution in renal impairment and avoided in hepatic impairment. There is no documentation to confirm normal renal and hepatic function in this injured worker. Due to the lack of demonstration of plan for short term use and evaluation for potential toxicity, the request for zanaflex is not medically necessary.

**12 Physical Therapy Sessions:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines physical therapy Page(s): p. 98-99.

**Decision rationale:** Per the MTUS, functional improvement is the goal rather than the elimination of pain. The maximum recommended quantity of physical medicine visits is 10, with progression to home exercise program. The treating physician has not stated a purpose for the current physical therapy prescription. The number of sessions requested exceeds the quantity recommended in the MTUS. The injured worker was documented to have recently completed a course of 12 sessions of physical therapy, which is already in excess of the guidelines. When the treatment duration and/or number of visits exceeds the guidelines, exceptional factors should be noted. The treating physician has not provided reasons why the injured worker requires another course of physical therapy which is substantially longer than that recommended in the cited guidelines. Although the documentation notes that there was increased range of motion, increased strength in the neck and low back, ability to walk longer distances, and improvement in activities of daily living, the specific improvement in activities of daily living was not discussed, and there was no documentation of decreased dependence on medical care as a result of the prior physical therapy, which does not support functional improvement as a result of treatment. The MTUS states that patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. The injured worker should be able to transition to a home exercise program after the physical therapy already completed. Due to number of sessions in excess of the guidelines, lack of functional improvement as a result of prior physical therapy, and the expectation of transition to a home exercise program, the request for 12 physical therapy sessions is not medically necessary.

**120 Tylenol #3 300/30 MG:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Acupuncture Treatment Guidelines,Chronic Pain Treatment Guidelines opioids Page(s): p. 74-96.

**Decision rationale:** There is no evidence that the treating physician is prescribing opioids according to the MTUS, which recommends prescribing according to function, with specific functional goals, return to work, random drug testing, and opioid contract. There should be a prior failure of non-opioid therapy. None of these aspects of prescribing are in evidence. Per the MTUS, opioids are minimally indicated, if at all, for chronic non-specific pain, osteoarthritis, mechanical and compressive etiologies, and chronic back pain. The prescribing physician does not specifically address function with respect to prescribing opioids, and does not address the other recommendations in the MTUS. There is no evidence that the treating physician has utilized a treatment plan NOT using opioids, and that the patient has failed a trial of non-opioid

analgesics. 120 Tylenol #3 300/30 MG is not medically necessary based on the lack of a treatment plan for chronic opioid therapy consistent with the MTUS.