

Case Number:	CM15-0007230		
Date Assigned:	01/26/2015	Date of Injury:	05/10/1987
Decision Date:	03/20/2015	UR Denial Date:	12/22/2014
Priority:	Standard	Application Received:	01/13/2015

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: 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 was a 57 year old male, who sustained an industrial injury, May 10, 1987. The injured worker's chief complaint was moderately severe pain of the lumbar spine with occasional radiation down bilateral legs. The injured worker was diagnosed with L4-L5 L5-S1 fusion February 25, 2011, lumbar laminectomy syndrome and degenerative disc disease. The injured worker had supportive treatment of pain medication, muscle relaxants and sleep aides. On December 3, 2014, the treating physician requested renewal for prescriptions for Norco 10/325mg #120, Zanaflex 4mg #60 and Ambien 10mg #30 for pain and sleep management.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #180: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 79-81. Decision based on Non-MTUS Citation Opioids Therapy for Chronic Pain, Jane C. Ballantyne, M.D & Jianred Mao, M.D Ph.D,
http://www.americanpainsociety.org/uploads/pdfs/opioid_final_evidence_report.pdf

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CRITERIA FOR USE OF OPIOIDS Page(s): 76-78, 88-89.

Decision rationale: Per the 09/25/14 report the patient presents with lumbar spine pain with occasional radiation to the bilateral lower extremities s/p failed IDET procedure and s/p laminectomy and discectomy. The most recent lumbar spine surgery was approximately 5 years ago. The current request is for NORCO 10/325/ mg #180 Hydrocodone an opioid. The RFA included is dated 12/03/14. The reports state the patient is permanent and stationary; however, they do not state if the patient is currently working. MTUS Guidelines pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. The reports provided for review show the patient has been prescribed Norco since at least 09/20/13. The most recent reports provided from 09/25/14 to 12/03/14 do not assess pain through the use of pain scales. The 07/16/14 report states pain is 6/10; however, this report does not state whether this is with or without medications. No specific ADL's are mentioned to show a significant change with use of this medication. Opiate management issues are not fully documented. The reports show that a urinalysis sample was collected 12/13/13; however, no UDS reports are provided for review and there is no documentation of the results of any tests. The reports do show the patient was counseled on the risks and benefits of medication use; however, there is no discussion of adverse behavior. CURES is not mentioned. No outcome measures are provided. In this case, Analgesia, ADL's and opiate management issues have not been documented as required by guidelines. The request IS NOT medically necessary.

Zanaflex 4mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants Page(s): 63.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants; Zanaflex Page(s): 63-66.

Decision rationale: Per the 09/25/14 report the patient presents with lumbar spine pain with occasional radiation to the bilateral lower extremities s/p failed IDET procedure and s/p laminectomy and discectomy. The most recent lumbar spine surgery was approximately 5 years previously. The current request is for ZANAFLEX 10 mg #60 per the 12/03/14 RFA. The reports state the patient is permanent and stationary; however, they do not state if the patient is currently working. MTUS guidelines page 63 recommend non-sedating muscle relaxant with caution as a second line option for short term treatment of acute exacerbations in patients with chronic lower back pain. However, in most cases they show no benefit beyond NSAID in pain and overall improvement. MTUS guidelines page 66 allow for the use of Zanaflex for low back pain, myofascial pain and fibromyalgia. The treater states the use of this medication is for muscle spasms and guidelines state that the medication is indicated for the lower back pain that is documented for this patient. The reports provided show the patient has been prescribed the

medication since at least 09/20/13, and guidelines state use is recommended for the short term. The reports provided for review do make the general statement that the patient's medication regimen help the patient pain; however, the reports do not discuss whether or not Zanaflex helps the patient. The MTUS guidelines on page 60 require that the physician record pain and function when medications are used for chronic pain. The request IS NOT medically necessary.

Ambien 10mg #30: 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), Pain Chapter, FDA (Ambien), <http://www.drugs.com/pro/ambien.html>

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Mental Illness and Stress Chapter, Ambien/Zolpidem

Decision rationale: Per the 09/25/14 report the patient presents with lumbar spine pain with occasional radiation to the bilateral lower extremities s/p failed IDET procedure and s/p laminectomy and discectomy. The most recent lumbar spine surgery was approximately 5 years previously. The current request is for AMBIEN 10 mg #30 per the 12/03/14 RFA. The reports state the patient is permanent and stationary; however, they do not state if the patient is currently working. MTUS and ACOEM Guidelines do not address Ambien; however, ODG Mental Illness and Stress Chapter, Ambien/Zolpidem, state that Ambien is indicated for short-term treatment of insomnia with difficulty of sleep onset 7 to 10 days. The reports provided for review show the patient has been prescribed Ambien since at least 09/20/13. The treater states the medication is used for sleep. Guidelines state use of this medication is indicated for the short term treatment of insomnia of 7-10 days and this medication has been prescribed on a long-term basis. Furthermore, sleep difficulties are not documented for this patient. In this case, the request IS NOT medically necessary.