

Case Number:	CM15-0013222		
Date Assigned:	01/30/2015	Date of Injury:	08/13/1999
Decision Date:	03/20/2015	UR Denial Date:	01/09/2015
Priority:	Standard	Application Received:	01/23/2015

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: Emergency 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 41-year-old female, with a reported date of injury of 08/13/1999. The diagnoses include low back pain, and probable degenerative disc disease with possible discogenic cause. Treatments have included Norco, Celebrex, Ambien, and Lyrica. The progress report dated 12/22/2014 indicates that the injured worker stated that with her medication she was able to bring her pain down to a 2-3 out of 10, which allows her to function in her activities of daily living, her social function, self-care, as well as household responsibilities. There were no abnormal behaviors, and her urine drug screen was consistent. There was a signed opioid agreement in the chart. The injured worker denied any adverse reactions. The objective findings included limited lumbar spine range of motion on all planes. The treating physician requested Ambien 5mg #60 for insomnia, Zanaflex 4mg #60 for spasm, and Norco 10/325mg #360 for the current month and the following month. On 01/09/2015, Utilization Review (UR) denied the request for Ambien 5mg #60 at bedtime as needed, Zanaflex 4mg daily #60, and Norco 10/325mg six times a day #360. The UR physician noted no documentation of the injured worker's pain prior to taking Norco, no evidence of muscle spasms, no documentation of alternative methods used to reduce spasms, that muscle relaxers show no benefit beyond non-steroidal anti-inflammatory drugs (NSAIDs) in pain and overall improvement, and it was unclear which medications the injured worker was referring to regarding the efficacy of the medications. The MTUS Chronic Pain Guidelines and the Non-MTUS Official Disability Guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ambien 5mg at bedtime PRN #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78, 91, 63, 66. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain (Chronic)/Zolpidem (Ambien)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Pain (Chronic), (updated 07/10/14), Insomnia Medications

Decision rationale: The requested Ambien 5mg at bedtime PRN #60, is not medically necessary. CA MTUS is silent. ODG -TWC, Integrated Treatment/Disability Duration Guidelines, Pain (Chronic), (updated 07/10/14), Insomnia Medications; note "Zolpidem is a prescription short-acting nonbenzodiazepine hypnotic, which is approved for the short-term (usually two to six weeks) treatment of insomnia". The treating physician has documented limited lumbar spine range of motion on all planes. The treating physician has not documented current sleep disturbance, results of sleep behavior modification attempts or any derived functional benefit from its previous use. The criteria noted above not having been met, Ambien 5mg at bedtime PRN #60 is not medically necessary.

Zanaflex 4mg daily #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants (for pain).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants, Page 63-66 Page(s): Pages 63-66.

Decision rationale: The requested Zanaflex 4mg daily #60 is not medically necessary. CA MTUS Chronic Pain Treatment Guidelines, Muscle Relaxants, Page 63-66, do not recommend muscle relaxants as more efficacious than NSAIDs and do not recommend use of muscle relaxants beyond the acute phase of treatment. The treating physician has documented limited lumbar spine range of motion on all planes. The treating physician has not documented spasticity or hypertonicity on exam, intolerance to NSAID treatment, nor objective evidence of derived functional improvement from its previous use. The criteria noted above not having been met, Zanaflex 4mg daily #60 is not medically necessary.

Norco 10/325mg 6x a day #180: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Hydrocodone/Acetaminophen (Norco).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, On-Going Management, Pages 78-80, Opioids for Chronic Pain, Pages 80-82 Page(s): Pages.

Decision rationale: The requested Norco 10/325mg 6x a day #180, is not medically necessary. CA MTUS Chronic Pain Treatment Guidelines, Opioids, On-Going Management, Pages 78-80, Opioids for Chronic Pain, Pages 80-82, recommend continued use of this opiate for the treatment of moderate to severe pain, with documented objective evidence of derived functional benefit, as well as documented opiate surveillance measures. The treating physician has documented limited lumbar spine range of motion on all planes. The treating physician has not documented VAS pain quantification with and without medications, duration of treatment, objective evidence of derived functional benefit such as improvements in activities of daily living or reduced work restrictions or decreased reliance on medical intervention. The criteria noted above not having been met, Norco 10/325mg 6x a day #180 is not medically necessary.