

<b>Case Number:</b>	CM15-0140265		
<b>Date Assigned:</b>	07/30/2015	<b>Date of Injury:</b>	04/20/1997
<b>Decision Date:</b>	09/16/2015	<b>UR Denial Date:</b>	07/07/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/20/2015

### 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: New York

Certification(s)/Specialty: Anesthesiology

### 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 54 year old male, who sustained an industrial injury on April 20, 1997. The mechanism of injury was not provided in the medical records. The injured worker has been treated for low back complaints. The diagnoses have included lumbago, lumbar disc displacement without myelopathy, lumbosacral intervertebral disc degeneration and depression due to pain. Treatment and evaluation to date has included medications, radiological studies, physical therapy and a lumbar fusion. The injured worker was not working related to taking Horizant which caused him to have a cloudy head sensation. The symptoms were so severe the injured worker was unable to work. The injured worker noted that the symptoms were improving and he felt he could start working again. The injured worker was to start working on June 25, 2015 with modified duties. The injured worker also noted Horizant was causing some sleepless nights. Current documentation dated June 23, 2015 notes that the injured worker reported improvement in pain and spasms of his lower back and legs. Objective findings noted that the injured worker was able to transfer and ambulate with some guarding. The injured worker was noted to be sitting comfortably and was in to acute distress. The treating physician's plan of care included requests for Paxil 20 mg # 30, Horizant 600 mg # 60, Xanax 0.25 mg # 60, Ambien 10 mg # 30, Zanaflex 4 mg # 90 and Vicodin 5-300 mg # 60.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Paxil 20 mg Qty 30: Overturned**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for chronic pain Page(s): 13-16.

**Decision rationale:** According to the ODG, antidepressants are recommended, although not generally as a stand-alone treatment for the treatment of depression. They are recommended for the initial treatment of presentation of major depressive disorder (MDD) that are moderate, severe, or psychotic, unless electroconvulsive therapy is part of the treatment plan. Paxil (Paroxetine) is an antidepressant drug of the selective serotonin reuptake inhibitor type. It is indicated for the treatment of major depression, obsessive-compulsive disorder, panic disorder, social anxiety, post-traumatic stress disorder, generalized anxiety disorder, and vasomotor symptoms associated with menopause. It has also been suggested that with this class of antidepressants, the main role may be in addressing psychological symptoms associated with chronic pain. In this case, the injured worker was noted to be prescribed Paxil for depression due to chronic low back pain. The injured worker was noted to be on Paxil since at March, 2015. In this case, the medication has been part of the patient's medical regimen for the treatment of his depression. Medical necessity for the requested medication has been established. The requested medication is medically necessary.

**Horizant 600 mg Qty 60: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Anti epilepsy drugs (AEDs).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy drugs (AEDs), Gabapentin Page(s): 16, 18. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic), Horizant, Gabapentin.

**Decision rationale:** The CA MTUS guidelines do not specifically address Horizant. According to the ODG, Horizant is not recommended as a first-line agent. Horizant (gabapentin enacarbil extended-release) is FDA approved for treatment of restless legs syndrome. There is no evidence to support use of Horizant for neuropathic pain conditions or fibromyalgia without a trial of generic gabapentin regular release. Gabapentin is recommended for some neuropathic pain conditions and fibromyalgia. Gabapentin is an anti-epilepsy drug, which has been shown to be effective for treatment of diabetic painful neuropathy and postherpetic neuralgia and has been considered as a first-line treatment for neuropathic pain. In this case, the injured worker was noted to have chronic low back pain. The injured worker has been prescribed Horizant since at least March of 2015. There is lack of documentation in the medical records that the injured worker tried and failed a trial of generic Gabapentin regular release prior to the use of Horizant, which is required by the guidelines. The documentation supports the injured worker had side effects related to Horizant and was unable to work. The medication was also noted to cause some sleepless nights. The request for Horizant is not medically necessary.

**Xanax 0.25 mg Qty 60: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24.

**Decision rationale:** The Medical Treatment Utilization Schedule (MTUS), Chronic Pain Medical Treatment Guidelines do "not recommend benzodiazepines for long-term use as efficacy is unproven and there is a risk of dependence. Most guidelines limit use to 4 weeks. Their range of action includes sedative, hypnotic, anxiolytic, anticonvulsant and muscle relaxant. Chronic benzodiazepines are used for the treatment of choice in very few conditions. Tolerance to hypnotic effects develops rapidly. Tolerance to anxiolytic effects occurs within months and long-term use may actually increase anxiety. A more appropriate treatment for anxiety disorder is an antidepressant. Tolerance to anticonvulsant and muscle relaxant effects occurs within weeks." In this case, the injured worker was noted to have chronic low back pain. The documentation supports that the injured worker has been receiving Xanax since at least March of 2015. According to MTUS guidelines benzodiazepines are "not recommended for long-term use because long-term efficacy is unproven and there is a risk of dependence. Most guidelines limit use to 4 weeks." According to the progress notes the injured worker has been using benzodiazepines for a prolonged time but without mention of a functional benefit. This request for Xanax is not medically necessary.

**Ambien 10 mg Qty 30:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic), Mental illness and stress, Insomnia treatment, Zolpidem (Ambien).

**Decision rationale:** The Medical Treatment Utilization Schedule (MTUS) guidelines do not address the medication Ambien. Therefore, the Official Disability Guidelines were referenced. Ambien is a prescription short-acting non-benzodiazepine 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. There is also concern that they may increase pain and depression over the long-term. Ambien CR is supported for chronic use, but use of hypnotics is generally discouraged. In this case, the documentation supports the injured worker has been taking Ambien since at least March of 2015, for sleep related to chronic pain. The guidelines recommend Ambien for short-term use for insomnia. In addition, there is lack of documentation of any sleep modification attempts or functional benefit with the medication. The request for Ambien is not medically necessary.

**Zanaflex 4 mg Qty 90:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Tizanidine (Zanaflex).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants for pain, Tizanidine (Zanaflex) Page(s): 63, 66.

**Decision rationale:** The California Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines state that non-sedating muscle relaxants are recommended with caution as a second-line option for short term treatment of acute exacerbations in patients with chronic low back pain. "Muscle relaxants may be effective in reducing pain and muscle tension and increasing mobility. However, in most low back pain cases, they show no benefit beyond non-steroidal anti-inflammatory drugs (NSAID's) in pain relief and overall improvement. Also, there is no additional benefit shown in combination with NSAID's. Efficacy appears to diminish over time and prolonged use of some medications in this class may lead to dependence." Zanaflex is a centrally acting alpha-2-adrenergic agonist that is FDA approved for management of spasticity and unlabeled for use in low back pain. In this case, the injured worker had chronic low back pain. The injured worker has been prescribed Zanaflex since at least March, 2015. The documentation supports the injured worker had improvement in pain and spasms of the back and legs. However, the MTUS guidelines recommend muscle relaxants for short-term use and notes that there efficacy appears to diminish over time. Therefore, the request for Zanaflex is not medically necessary.

**Vicodin 5/300 mg Qty 60:** Upheld

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

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

**Decision rationale:** The California Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines "discourages long term usage unless there is evidence of ongoing review and documentation of pain relief, functional status and appropriate medication use and side effects. Pain assessment should include: current pain, the least reported pain over the period since last assessment, average pain, the intensity of pain after taking the opioid, how long it takes for pain relief and how long the pain relief lasts. Satisfactory response to treatment may be indicated by the injured worker's decreased pain level, increased level of function or improved quality of life." The MTUS guidelines state that "functional improvement" is evidenced by a clinically significant improvement in activities of daily living or a reduction in work restrictions as measured during the history and physical exam, performed and documented as part of the evaluation and management and a reduction in the dependency on continued medical treatment. Vicodin has been prescribed for this injured worker since at least March of 2015. The documentation supports the injured worker noted improvement in pain and spasm in his back and legs. However, there is no documentation of objective functional improvement with this medication use to support the subjective reported benefit. Medical necessity of the requested item has not been established. Of note, discontinuation of an opioid analgesic should include a taper, to avoid withdrawal symptoms. The requested medication is not medically necessary.