

Case Number:	CM15-0146841		
Date Assigned:	08/07/2015	Date of Injury:	06/30/1995
Decision Date:	09/04/2015	UR Denial Date:	07/21/2015
Priority:	Standard	Application Received:	07/28/2015

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, Indiana, New York
 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 64 year old male, who sustained an industrial injury on 6-30-1995. Diagnoses have included lumbar sprain-strain, intractable neurogenic claudication and neuropathic pain in legs, insomnia due to back pain, depression and intermittent back spasms. Treatment to date has included epidural steroid blocks, physical therapy, a home exercise program and medication. According to the progress report dated 7-1-2015, the injured worker complained of burning pain in his back. He stated the pain was shooting down both legs with severe spasms. He reported a 50 percent reduction in pain and a 50 percent improvement with medications. Physical exam revealed palpable spasms in the lumbar trunk. Right and left straight leg raise testing were 80 degrees causing right sided back pain. There was sensory loss to light touch and pinprick in the right lateral calf and bottom of his foot. Authorization was requested for Valium, Zanaflex and Ambien.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ambien 10 mg/tab; 1 tab QGH #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, Pain Chapter.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Ambien.

Decision rationale: Pursuant to the Official Disability Guidelines, Ambien 10 mg one PO at bedtime #30 is not medically necessary. Ambien (zolpidem) is a short acting non-benzodiazepine hypnotic recommended for short-term (7-10 days) treatment of insomnia. While sleeping pills, so-called minor tranquilizers, and anti-anxiety agents are commonly prescribed in chronic pain, pain specialists rarely recommend them for will use. They can be habit forming and may impair function and memory more than opiates. The dose for Ambien and women should be lowered from 10 mg to 5 mg for immediate release products and from 12.5 mg to 6.25 mg for extended-release products (Ambien CR). In this case, the injured worker's working diagnoses are history of lumbar sprain strain; intractable neurogenic claudication and neuropathic leg pain; insomnia due to back pain; history of depression; neuropathic component improved with lidocaine patch and Neurontin; intermittent back spasm stabled with Zanaflex alternating with valium. The date of injury is June 30, 1995 (20 years ago). The request for authorization is July 14, 2015. According to a November 28, 2012 progress note, the treating provider along with Percocet and Opana prescribed Ambien on November 28, 2012. According to progress note dated July 11, 2013, medications included Percocet 10 mg, Ambien 10 mg, Zanaflex for back pain and Valium for severe spasm. The most recent progress note dated July 1, 2015 subjectively states the injured worker has burning back pain. There is no pain scale. The injured worker admits to a 50% reduction in pain with medications. Objectively, there is tenderness, spasm and decreased range of motion with positive straight leg raising of the lumbar spine. Her medications include Ambien 10 mg, valium 10 mg, Zanaflex 6 mg capsule, MS Contin, Percocet, trazodone and Lidoderm patch 5%. There is no documentation demonstrating objective functional improvement with ongoing Ambien. Ambien has been prescribed as far back as November 28, 2012. Ambien is recommended for short-term (7-10 days) treatment of insomnia. There are no compelling clinical facts in the medical record support the ongoing use of Ambien. Additionally, the documentation also states trazodone is prescribed for depression and insomnia. Consequently, absent compelling clinical documentation to support ongoing Ambien use, documentation demonstrating objective functional improvement, continued Ambien in excess of 2.5 years with guideline recommendations for short-term (7-10 days), Ambien 10 mg one PO at bedtime #30 is not medically necessary.

Valium 10mg/tab; 1 tab QD PRN #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Benzodiazepines.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Valium 10 mg one by mouth daily as needed #30 is not medically

necessary. Benzodiazepines are not recommended for long-term use (longer than two weeks), because long-term efficacy is unproven and there is a risk of psychological and physical dependence or frank addiction. Most guidelines limit use to four weeks. In this case, the injured worker's working diagnoses are history of lumbar sprain strain; intractable neurogenic claudication and neuropathic leg pain; insomnia due to back pain; history of depression; neuropathic component improved with lidocaine patch and Neurontin; intermittent back spasm stabled with Zanaflex alternating with valium. The date of injury is June 30, 1995 (20 years ago). The request for authorization is July 14, 2015. According to a November 28, 2012 progress note, the treating provider along with Percocet and Opana prescribed Ambien on November 28, 2012. According to progress note dated July 11, 2013, medications included Percocet 10 mg, Ambien 10 mg, Zanaflex for back pain and Valium for severe spasm. The most recent progress note dated July 1, 2015 subjectively states the injured worker has burning back pain. There is no pain scale. The injured worker admits to a 50% reduction in pain with medications. Objectively, there is tenderness, spasm and decreased range of motion with positive straight leg raising of the lumbar spine. Her medications include Ambien 10 mg, valium 10 mg, Zanaflex 6 mg capsule, MS Contin, Percocet, trazodone and Lidoderm patch 5%. There is no documentation demonstrating objective functional improvement with ongoing Valium. Benzodiazepines are not recommended for long-term use (longer than two weeks). Valium was first prescribed as far back as July 11, 2013. Valium is not indicated for long-term use, yet Valium was prescribed in excess of two years. Consequently, absent clinical documentation demonstrating objective functional improvement and continued Valium use despite guideline non-recommendations for long-term use (prescribed in excess of two years), Valium 10mg one by mouth daily as needed #30 is not medically necessary.

Zanaflex 6 mg/tab; 1 tab Q6 PRN #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 Muscle relaxants Page(s): 63-66. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Muscle relaxants.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Zanaflex 6 mg one PO Q6 hours as needed #60 is not medically necessary. Muscle relaxants are recommended as a second line option short-term (less than two weeks) of acute low back pain and for short-term treatment of acute exacerbations in patients with chronic low back pain. Efficacy appears to diminish over time and prolonged use may lead to dependence. In this case, the injured worker's working diagnoses are history of lumbar sprain strain; intractable neurogenic claudication and neuropathic leg pain; insomnia due to back pain; history of depression; neuropathic component improved with lidocaine patch and Neurontin; intermittent back spasm stabled with Zanaflex alternating with valium. The date of injury is June 30, 1995 (20 years ago). The request for authorization is July 14, 2015. According to a November 28, 2012 progress note, the treating provider along with Percocet and Opana prescribed Ambien on November 28, 2012. According to progress note dated July 11, 2013, medications included Percocet 10 mg, Ambien 10 mg, Zanaflex for back pain and Valium for

severe spasm. The most recent progress note dated July 1, 2015 subjectively states the injured worker has burning back pain. There is no pain scale. The injured worker admits to a 50% reduction in pain with medications. Objectively, there is tenderness, spasm and decreased range of motion with positive straight leg raising of the lumbar spine. Her medications include Ambien 10 mg, valium 10 mg, Zanaflex 6 mg capsule, MS Contin, Percocet, trazodone and Lidoderm patch 5%. There is no documentation demonstrating objective functional improvement with ongoing Zanaflex. Zanaflex is recommended for short-term (less than two weeks) treatment of acute low back pain and for short-term treatment of acute exacerbations in patients with chronic low back pain. The treating provider prescribed Zanaflex 6mg in excess of two years. The guidelines recommend short-term treatment (less than two weeks). Consequently, absent clinical documentation demonstrating objective functional improvement and compelling clinical facts support the ongoing use of Zanaflex (indicated for short-term - less than two weeks), Zanaflex 6 mg one PO Q6 hours as needed #60 is not medically necessary.