

<b>Case Number:</b>	CM15-0147320		
<b>Date Assigned:</b>	08/10/2015	<b>Date of Injury:</b>	10/01/2009
<b>Decision Date:</b>	09/15/2015	<b>UR Denial Date:</b>	07/29/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/30/2015

### 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 Jersey, New York  
 Certification(s)/Specialty: Family Practice

### 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 61 year old female, who sustained an industrial injury on October 1, 2009. Treatment to date has included lumbar laminotomy and facetectomy, epidural steroid injection, work modifications, physical therapy, opioid medications, TENS unit, cognitive behavioral therapy, diagnostic imaging, and pain management consultation. Currently, the injured worker complains of low back pain which she describes as achy, burning, shooting, throbbing, dull, tingling, numbness, pressure and deep. She rates her average pain an 8 on a 10-point scale and notes that the pain is worse with standing, sitting and walking. She rates her pain a 6 on a 10-point scale with the use of opioid medications. On physical examination the injured worker ambulates with a single point cane. She has decreased and painful lumbar range of motion. Her current medication regimen includes Neurontin, Ambien, Norco, Zanaflex, Xanax, Protonix, Lamotrigine, and Effexor. The diagnoses associated with the request include lumbar sprain-strain with aggravation of lumbar degenerative disc disease, status post multiple lumbar surgeries with lumbar fusion and residual left radiculopathy, left lower extremity foot drop, and chronic pain syndrome. The treatment plan includes continued psychiatric therapy, internal medicine evaluation, Neurontin, Ambien, Norco, Zanaflex, Xanax, Protonix, Lamotrigine and Effexor.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Ambien 10mg #25: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

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

**Decision rationale:** The request for Ambien is not medically necessary. MTUS guidelines do not address the use of Ambien. As per ODG, Ambien is a hypnotic that is approved for short-term treatment of insomnia, from 2-6 weeks. It can be habit-forming and may impair function and memory. It may also increase pain and depression over the long-term. There is no documentation that patient has failed a trial of proper sleep hygiene. The patient has a history of depression. The risk of long-term use of Ambien currently outweighs the benefit and is therefore not medically necessary.

**Zanaflex 4mg #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(s): 63, 66.

**Decision rationale:** The request for Zanaflex is medically unnecessary. Zanaflex is FDA approved for the management of spasticity, but used off-label to treat low back pain. It is also used for chronic myofascial pain. According to MTUS guidelines, muscle relaxants may be "effective in reducing pain and muscle tension and increasing mobility. However, in most lower back cases, they show no benefit beyond NSAIDs in pain and overall improvement". Efficacy wanes over time and chronic use may result in dependence. The patient has been prescribed this long-term. Muscle relaxants should be used for exacerbations but not for chronic use. Therefore, the request is not medically necessary.

**Protonix 40mg #30: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms and Cardiovascular Risk.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms, cardiovascular risk Page(s): 68. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, PPIs.

**Decision rationale:** The request for Protonix is not medically necessary. There was no documentation of GI symptoms, GI risk factors, or history of GI disease. There was no rationale

on why Protonix was prescribed. Long term PPI use carries many risks and should be avoided. Protonix is also not a first-line PPI. Therefore, this request is not medically necessary.

**Lamotrigine 100mg #25: Upheld**

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

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

**Decision rationale:** The request for Lamotrigine is not medically necessary. According to ODG guidelines, Lamotrigine is not considered first line therapy for neuropathic pain. It may be effective for HIV neuropathy and post-stroke pain. However, the patient's pain is currently being treated with Neurontin and Effexor. It is unclear why Lamotrigine is prescribed. Therefore, the request is not medically necessary.