

Case Number:	CM15-0160548		
Date Assigned:	08/26/2015	Date of Injury:	10/23/2001
Decision Date:	10/06/2015	UR Denial Date:	07/28/2015
Priority:	Standard	Application Received:	08/17/2015

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: Arizona, Michigan

Certification(s)/Specialty: Preventive Medicine, Occupational 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 55 year old female, who sustained an industrial injury on October 23, 2001. The injured worker was diagnosed as having failed lumbar back syndrome, nondependent tobacco use disorder, fibromyalgia-myositis and radiculopathy of the lumbar spine. Treatments and evaluations to date have included medication. Currently, the injured worker reports back pain radiating to the legs. The Treating Physician's report dated July 22, 2015, noted the injured worker reported her pain at its least a 6 on a scale on 0 to 10 and a 10 at its worst. Physical examination was noted to show the injured worker with an antalgic gait with anterior lumbar flexion and extension causing pain. The injured worker's work status was noted to be permanent and stationary. The medications prescribed included Hydrocodone-acetaminophen, Ambien, Valium, Zanaflex, and Colace.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydrocodone/Acetaminophen 10-325mg #130: Upheld

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

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

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines notes that ongoing management of opioid therapy should include the lowest possible dose prescribed to improve pain and function, and ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. The MTUS Guidelines define functional improvement as "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." On-going management should include ongoing review and documentation of pain relief, functional status, 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, increased level of function, or improved quality of life. The guidelines recommend a pain agreement for chronic opioid use, and consideration of use of a urine drug screen (UDS) to assess for use or the presence of illegal drugs. Hydrocodone / Acetaminophen is indicated for moderate to moderately severe pain. The injured worker was noted to have been prescribed Hydrocodone-Acetaminophen since at least September 2014. The documentation provided did not include documentation of objective, measurable improvement in the injured worker's pain, function, ability to perform specific activities of daily living (ADLs), work status, or dependency on medical care with the use of the Hydrocodone-Acetaminophen. The documentation provided did not include documentation of a pain assessment that included the injured worker's current pain, least reported pain over the period since last assessment, average pain, and the intensity of pain after taking the Hydrocodone-Acetaminophen, how long it takes for pain relief, or how long the pain relief lasts. The injured worker was noted to have increased pain in March 2015 that resulted in the Hydrocodone-Acetaminophen being increased without evidence of improvement in the pain level. Based on the guidelines, the request for Hydrocodone / Acetaminophen 10-325mg #130 is not medically necessary

Ambien 10mg #30 1RF: 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) Chronic Pain Chapter, Zolpidem (Ambien).

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines notes all chronic pain therapies are focused on the goal of functional restoration rather than merely the elimination of pain, and assessment of treatment efficacy is accomplished by reporting functional improvement. The MTUS Guidelines define functional improvement as "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." The MTUS is silent regarding Ambien. The Official Disability Guidelines (ODG) notes that Zolpidem (Ambien) is a prescription short-acting nonbenzodiazepine hypnotic, which is recommended for short-term (7-10 days) treatment of insomnia. The guidelines note that Ambien is linked to a sharp increase in ED visits, so it should be used safely for only a short period of time. Ambien has been prescribed for this injured worker since at least September 2014, far exceeding the treatment recommendation. Treatment of a sleep disorder, including prescribing hypnotics, should not be initiated without a careful diagnosis. There is no evidence of that in this case. For

the treatment of insomnia, pharmacologic agents should only be used after careful evaluation of potential causes of sleep disturbance. Specific components of insomnia should be addressed. There was no documentation of an evaluation of a sleep disturbance in the injured worker, nor were components of the injured worker's insomnia addressed. The treating physician has not addressed major issues affecting sleep in this patient, including the use of other psychoactive agents like opioids, which significantly impair sleep architecture, and depression. The dose of Ambien (Zolpidem) for women should be lowered from 10 mg to 5 mg for IR products and from 12.5 mg to 6.25 mg for ER products. Based on the guidelines, Ambien 10mg #30 1RF is not medically necessary.

Valium 10mg #60 1RF: Upheld

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

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

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines notes all chronic pain therapies are focused on the goal of functional restoration rather than merely the elimination of pain, and assessment of treatment efficacy is accomplished by reporting functional improvement. The MTUS Guidelines define functional improvement as "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." The MTUS Chronic Pain Medical Treatment Guidelines note benzodiazepines are not recommended for long-term use. Long-term efficacy is unproven and there is a risk of dependence, with most guidelines limiting use to 4 weeks. The range of action includes sedative/hypnotic, anxiolytic, anticonvulsant, and muscle relaxant. "Chronic benzodiazepines are 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." The Official Disability Guidelines (ODG) notes that benzodiazepines are not recommended as a first line medication, however if prescribed the criteria for use includes that indications for use should be provided at the time of initial prescription, and authorization after a one-month period should include the specific necessity for ongoing use as well as documentation of efficacy. Diazepam (Valium) is a benzodiazepine, noted to have been prescribed for the injured worker since at least September 2014, far exceeding the recommended limit of four weeks of use. The documentation provided did not document the efficacy of the Valium. Therefore, based on the guidelines, the request for Valium 10mg #60 1RF is not medically necessary.

Zanaflex 4mg #60 4 RF: Upheld

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

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

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines notes all chronic pain therapies are focused on the goal of functional restoration rather than merely the elimination of pain, and assessment of treatment efficacy is accomplished by reporting functional improvement. The MTUS Guidelines define functional improvement as "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." The guidelines recommend "non-sedating muscle relaxants 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 NSAIDs in pain and overall improvement, with no additional benefit shown in combination with NSAIDs. Efficacy appears to diminish over time, with prolonged use of some medications in this class leading to dependence, and despite their popularity, skeletal muscle relaxants should not be the primary drug class of choice for musculoskeletal conditions. Tizanidine (Zanaflex) is FDA approved for management of spasticity, with unlabeled use for low back pain, and with recommendation for liver function testing monitored baseline at 1, 3, and 6 months to monitor for side effects, including hepatotoxicity. The injured worker was noted to have been prescribed Zanaflex since at least September 2015. The documentation provided did not indicate the frequency of the injured worker's use of the Zanaflex or of objective, measurable improvement in the injured worker's function, activities of daily living (ADLs), or muscle tension/spasms with the use of the Zanaflex. The documentation provided did not include any laboratory evaluations or physician documentation of the injured worker's liver function testing. Therefore, based on the guidelines, of the request for Zanaflex 4mg #60 4 RF is not medically necessary.

Colace 100mg #60 5 RF: Upheld

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

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

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines notes all chronic pain therapies are focused on the goal of functional restoration rather than merely the elimination of pain, and assessment of treatment efficacy is accomplished by reporting functional improvement. The MTUS Guidelines define functional improvement as "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." The MTUS is silent on the use of Docusate Sodium. The Official Disability Guidelines (ODG) recommends opioid induced constipation treatment should be initiated prophylactically upon initiation of opioid therapy. Opioid induced constipation is a common adverse effect of long-term opioid use, with constipation occurring commonly in injured worker's receiving opioids and can be severe enough to cause discontinuation of therapy. Some laxatives may help to stimulate gastric motility, and other over-the-counter medications can help loosen otherwise hard stools, add bulk, and increase water content of the stool. The injured worker was noted to be prescribed Colace since at least September 2014, with the injured worker denying nausea, constipation, or gastrointestinal (GI) upset. The documentation provided did not include documentation of the indication for or efficacy of the Colace. Based on the guidelines, the request for Colace 100mg

#60 5 RF is not medically necessary.