

Case Number:	CM15-0181391		
Date Assigned:	10/14/2015	Date of Injury:	02/17/2000
Decision Date:	12/18/2015	UR Denial Date:	08/17/2015
Priority:	Standard	Application Received:	09/15/2015

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 64-year-old male, who sustained an industrial injury on 02-17-2000. He has reported injury to the right knee, right hip, and low back. The diagnoses have included arthrodesis, L5-S1; bilateral sacroiliac joint dysfunction; status post right knee arthroscopy; status post spinal fusion with fractured hardware; left knee injury, inversion; and chronic pain. Treatment to date has included medications, diagnostics, sacroiliac joint injections, epidural steroid injection, physical therapy, and surgical intervention. Medications have included Coumadin, Norco, Oxycodone, Lidoderm patch, Soma, Xanax, and Ambien. A progress note from the treating physician, dated 05-02-2015, documented a follow-up visit with the injured worker. The injured worker reported right chest wall pain from recent fall; weekly headaches; left knee pain; lumbar spine pain; the left knee pain is constant and sharp and rated at 6 out of 10 in intensity; there is right hip pain and right shoulder pain; pain increases with increased activities of daily living, and-or certain movements, and he has difficulty with walking; and the medications help overall at 50%. Objective findings included he is in moderate distress; oriented times three; sensation is decreased in the lower extremity; pinwheel decreased on the right at S1, and the left at L2, 3, and 4; thoracic and lumbar spine ranges of motion are decreased; gait is slow; diffuse lumbar spine tenderness to palpation; and there is maximum tenderness at the L4-5 and L5-S1 and extending to the low thoracic spine. The treatment plan has included the request for 1 prescription of Soma 350mg #90 with 4 refills; 1 prescription of Oxycodone 10mg #175; 1 prescription of Lidoderm patch 5% #60 with 4 refills; 1 prescription of Ambien 10mg #40 with 4 refills; and 1 prescription of Xanax 1mg #90 with 4 refills. The original utilization review, dated 08-17-2015, non-certified the request for 1 prescription of Soma 350mg #90 with

4 refills; 1 prescription of Oxycodone 10mg #175; 1 prescription of Lidoderm patch 5% #60 with 4 refills; 1 prescription of Ambien 10mg #40 with 4 refills; and 1 prescription of Xanax 1mg #90 with 4 refills.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 prescription of Soma 350mg #90 with 4 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Muscle relaxants (for pain).

Decision rationale: The request is for the use of a muscle relaxant to aid in pain relief. The MTUS guidelines state that the use of a medication in this class is indicated as a second-line option for short-term treatment of acute exacerbations of low back pain. Muscle relaxants may be effective in reducing pain and muscle tension, which can increase mobility. However, in most LBP cases, they show no benefit beyond NSAIDs in pain improvement. Efficacy appears to diminish over time, and prolonged use may lead to dependence. (Homik, 2004) In this case, the use of a muscle relaxant is not guideline-supported. This is secondary to poor effectiveness for chronic long-term use. As such, the request is not medically necessary.

1 prescription of Oxycodone 10mg #175: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use.

Decision rationale: The request is for the use of a muscle relaxant to aid in pain relief. The MTUS guidelines state that the use of a medication in this class is indicated as a second-line option for short-term treatment of acute exacerbations of low back pain. Muscle relaxants may be effective in reducing pain and muscle tension, which can increase mobility. However, in most LBP cases, they show no benefit beyond NSAIDs in pain improvement. Efficacy appears to diminish over time, and prolonged use may lead to dependence. (Homik, 2004) In this case, the use of a muscle relaxant is not guideline-supported. This is secondary to poor effectiveness for chronic long-term use. As such, the request is not medically necessary.

1 prescription of Lidoderm patch 5% #60 with 4 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics.

Decision rationale: The request is for the use of a Lidoderm patch to aid in pain relief. The MTUS guidelines state that its use is indicated for post herpetic neuralgia after an initial trial of an anti-epileptic medication. Further research is needed to recommend use for chronic neuropathic disorders besides post-herpetic neuralgia. In this case, knee pain is not an indication, which would justify the use of Lidoderm patches. As such, the request is not medically necessary.

1 prescription of Ambien 10mg #40 with 4 refills: 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) Mental(stress)/ Zolpidem (Ambien).

Decision rationale: The request is for the use of zolpidem. The official disability guidelines state the following regarding the use of this medication: Not recommended for long-term use, but recommended for short-term use. See Insomnia treatment for zolpidem (brand names Ambien, Edluar, Intermezzo, Zolpimist). See also the Pain Chapter. Zolpidem is approved for the short-term (usually two to six weeks) treatment of insomnia. 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 offers no significant clinical advantage over regular release zolpidem, and Ambien CR causes a greater frequency of dizziness, drowsiness, and headache compared to immediate release zolpidem. Due to adverse effects, FDA now requires lower doses for zolpidem. The ER product is still more risky than IR. Even at the lower dose of Ambien CR now recommended by the FDA, 15% of women and 5% of men still had high levels of the drug in their system in the morning. (Pain Chapter) Emergency department (ED) visits for adverse reactions related to zolpidem increased by almost 220% in a recent 5-year period, according to the Substance Abuse and Mental Health Services Administration (SAMHSA). Women and the elderly appear to be most prone to adverse reactions linked to zolpidem. Doctors should look at alternative strategies for treating insomnia such as sleep hygiene. By 2010 there were 64,175 ED visits involving zolpidem. The report stresses that zolpidem should be used safely for only a short period of time. (SAMHSA, 2013) Zolpidem (Ambien) increases the ability to remember images, but only those that have negative or highly arousing content. The findings have potential ramifications for patients prescribed zolpidem for relief of insomnia due to anxiety disorders, including posttraumatic stress disorder (PTSD). Physicians should watch out for this counter therapeutic effect in patients with anxiety disorders and PTSD, because these are people who already have heightened memory for negative and high-arousal memories. The study also identified sleep spindles as the mechanism that enables the brain to consolidate emotional memory. Sleep spindles are brief bursts

of brain activity that occur primarily during non-rapid eye movement (REM) sleep. (Kaestner, 2013) New analysis from SAMHSA shows that overmedicating with zolpidem led to a near doubling of emergency department (ED) visits during the periods 2005-2006 and 2009-2010. (SAMHSA, 2014) In this case, zolpidem is not indicated. This is secondary to the prolonged duration of use. As such, the request is not medically necessary.

1 prescription of Xanax 1mg #90 with 4 refills: 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: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Benzodiazepines.

Decision rationale: The request is for the use of a medication in the category of benzodiazepines. It is usually indicated to treat anxiety disorders but has been used short-term as a muscle relaxant. The MTUS guidelines state the following: 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. Their range of action includes 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. (Baillargeon, 2003) (Ashton, 2005) In this case, a medication in this class would not be advised for continued use due to the duration of therapy. As such, the request is not medically necessary. All benzodiazepine medications should be titrated down slowly to prevent an acute withdrawal syndrome.