MAXIMUS Federal Services

Case Number:	CM15-0188963		
Date Assigned:	09/30/2015	Date of Injury:	06/25/2007
Decision Date:	11/12/2015	UR Denial Date:	09/03/2015
Priority:	Standard	Application Received:	09/25/2015

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: Texas, Illinois
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 59 year old female injured worker suffered an industrial injury on 6-25-2007. The diagnoses included post-laminectomy syndrome, lumbar radiculopathy, coccygodynia. On 8-26-2015 the treating provider reported back pain. On exam the lumbar facets were tender and painful and over the lumbar intervertebral spaces. She walks with a cane with impaired gait. The provider reported a review of the opioid consent form and patient care agreement. The documentation provided for the visit 8-26-2015 did not include evidence of a comprehensive pain evaluation with pain levels with and without medications and no evidence of detailed functional improvement with treatment. It was reported a urine drug screen was anticipated to be done on 7-1-2015 but no confirmatory documentation was provided. Norco, Ambien and Zanaflex were in use at least since 4-7-2015.There was no documentation of the effectiveness of Zanaflex or Ambien. Diagnostics included lumbar magnetic resonance imaging 12-30-2014. The Utilization Review on 9-3-2015 determined non-certification for Ambien 10mg tablet. 1 tablet every night PRN for 30 days dispense 30 tablets DOS 08/26/2015, Percocet 7.5mg - 325mg tablet, 1 tablets 5 times daily PRN for 30 days. Dispense 150 tablets DOS 08/26/2015 and Zanaflex 4mg tablet, 1 tablet every 6 hours for 30 days, dispense 120 tablet DOS 08/26/2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ambien 10mg tablet. 1 tablet every night PRN for 30 days dispense 30 tablets DOS 08/26/2015: 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) Mental Illness & StressZolpidem (Ambien).

Decision rationale: The injured worker sustained a work related injury on 6-25-2007. The medical records provided indicate the diagnosis of post-laminectomy syndrome, lumbar radiculopathy, coccygodynia. Treatments have included Norco, Ambien and Zanaflex. The medical records provided for review do not indicate a medical necessity for Ambien 10mg tablet. 1 tablet every night PRN for 30 days dispense 30 tablets DOS 08/26/2015. The MTUS is silent on this, but the Official Disability Guidelines states that Zolpidem is approved for the short-term (usually two to six weeks) treatment of insomnia. The medical records indicate the injured worker has been using this medication at least since 04/2015.

Percocet 7.5mg - 325mg tablet, 1 tablets 5 times daily PRN for 30 days. Dispense 150tablets DOS 08/26/2015: 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): Introduction.

Decision rationale: The injured worker sustained a work related injury on 6-25-2007. The medical records provided indicate the diagnosis of post-laminectomy syndrome, lumbar radiculopathy, coccygodynia. Treatments have included Norco, Ambien and Zanaflex. The medical records provided for review do not indicate a medical necessity for Percocet 7.5mg - 325mg tablet, 1 tablets 5 times daily PRN for 30 days. Dispense 150 tablets DOS 08/26/2015 The MTUS recommends the use of the lowest dose of opioids for the short term treatment of moderate to severe pain. Also, the MTUS recommends that individuals on opioid maintenance treatment be monitored for analgesia (pain control), activities of daily living, adverse effects and aberrant behavior. The MTUS recommends discontinuation of opioid treatment if there is no documented evidence of overall improvement or if there is evidence of illegal activity or drug abuse or adverse effect with the opioid medication. It is uncertain how long the injured worker has been on opioids, but the records indicate the injured worker has been on opioids at least since 04/2015 without overall improvement. The MTUS defines functional improvement as means either 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 visit billed under the Official Medical Fee Schedule (OMFS) pursuant to sections 9789.10-9789.111; and a reduction in the dependency on continued medical treatment.

Zanaflex 4mg tablet, 1 tablet every 6 hours for 30 days, dispense 120 tablet DOS 08/26/2015: 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 injured worker sustained a work related injury on 6-25-2007. The medical records provided indicate the diagnosis of post-laminectomy syndrome, lumbar radiculopathy, coccygodynia. Treatments have included Norco, Ambien and Zanaflex. The medical records provided for review do not indicate a medical necessity for Percocet 7.5mg - 325mg tablet, 1 tablets 5 times daily PRN for 30 days. Dispense 150 tablets DOS 08/26/2015. The MTUS recommends the use of the lowest dose of opioids for Zanaflex 4mg tablet, 1 tablet every 6 hours for 30 days, dispense 120 tablet DOS 08/26/2015. The MTUS recommends muscle 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. Zanaflex (Tizanidine) is a muscle relaxant is a muscle relaxant with a recommended dosing of 4 mg initial dose; titrate gradually by 2 - 4 mg every 6 - 8 hours until therapeutic effect with tolerable side-effects; maximum 36 mg per day. Due to the risk of liver damage, the MTUS recommends monitoring the liver function at baseline, 1, 3, and 6 months. The medical records indicate the injured worker has been on this medication at least since 04/2015, but with no evidence, the injured worker is being monitored for liver function.