

Case Number:	CM15-0190620		
Date Assigned:	10/02/2015	Date of Injury:	06/28/1997
Decision Date:	12/03/2015	UR Denial Date:	09/15/2015
Priority:	Standard	Application Received:	09/28/2015

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
 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 59 year old female with an industrial injury date of 06-28-1997. Medical record review indicates she is being treated for radiculitis-radiculopathy lumbar and thoracic-chronic and post laminectomy syndrome - lumbar. The injured worker presented on 07-22-2015 reporting her symptoms (knee pain) as "severe." She stated the symptoms were chronic and "fairly controlled." The treating physician documented the injured worker had returned for refill of medications and noted "analgesia is barely adequate." "The use of these medications has improved the patient's quality of life and increased overall daily functionality." Activities of daily living are documented as: "Patient able to perform activities such as bathing, grooming, dressing, preparing meals and shopping with the aid of medications." "Patient reports greater than 50% relief of pain with the medications." Prior treatment included back surgery, removal of hardware and medications. Her medications included Zanaflex (at least since 04-22-2015), Seroquel (at least since 04-22-2015), Oxycontin, Norco, Lyrica, Cymbalta, Ambien (at least since 04-22-2015), Chantix and Vitamin D 3. Physical exam (07-22-2015) documented unstable gait with tenderness to lumbar spine. There was "severe pain" with range of motion. The treating physician documented there has been no evidence of diversion, malingering or aberrant drug seeking behavior. On 09-15-2015 utilization review issued the following decision regarding the requested treatments: Zanaflex 4 mg #90 - Modified to Zanaflex 4 mg # 72, Zanaflex 2mg #120 - Modified to Zanaflex 2 mg # 96, Seroquel 100 mg #30 - Non-certified, Ambien CR 12.5 mg #60 - Non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ambien CR 12.5mg #60: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) 2014.

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

Decision rationale: The Official Disability Guidelines do not recommend the use of sleeping pills for long-term use. 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. The patient has been taking Ambien for longer than the 2-6 week period recommended by the ODG. Ambien CR 12.5mg #60 is not medically necessary.

Zanaflex 2mg #120: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG (2013).

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

Decision rationale: Zanaflex is a drug that is used as a muscle relaxant. The MTUS states that muscle relaxants are recommended with caution only on a short-term basis. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. The patient has been taking the muscle relaxant for an extended period of time. A previous utilization review decision provided the patient with sufficient quantity of medication to be weaned slowly. Zanaflex 2mg #120 is not medically necessary.

Zanaflex 4mg #90: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG (2013).

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

Decision rationale: Zanaflex is a drug that is used as a muscle relaxant. The MTUS states that muscle relaxants are recommended with caution only on a short-term basis. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence.

The patient has been taking the muscle relaxant for an extended period of time. A previous utilization review decision provided the patient with sufficient quantity of medication to be weaned slowly. Zanaflex 4mg #90 is not medically necessary.

Seroquel 100mg #30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG 2014.

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 & Stress, Atypical antipsychotics.

Decision rationale: Not recommended as a first-line treatment. There is insufficient evidence to recommend atypical antipsychotics (eg, quetiapine, risperidone) for conditions covered in ODG. See PTSD pharmacotherapy. Adding an atypical antipsychotic to an antidepressant provides limited improvement in depressive symptoms in adults, new research suggests. The meta-analysis also shows that the benefits of antipsychotics in terms of quality of life and improved functioning are small to nonexistent, and there is abundant evidence of potential treatment-related harm. Seroquel 100mg #30 is not medically necessary.