

Case Number:	CM15-0192182		
Date Assigned:	10/06/2015	Date of Injury:	05/18/1995
Decision Date:	12/11/2015	UR Denial Date:	09/15/2015
Priority:	Standard	Application Received:	09/29/2015

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 56 year old female who sustained an industrial injury on 05-18-1995. According to a progress report dated 06-15-2015, the injured worker reported pain in the neck and right shoulder. Pain was constant aching and sharp. At its worse, pain was rated 6 on a scale of 1-10. On average pain was about a 7. Past medical history included neck pain, hypertension and non-Hodgkin's lymphoma. Surgical history included cervical fusion and fibroid resection. Previously prescribed medications included Mirtazapine, Terocin, Ambien and Zanaflex. Allergies included Codeine, Hydrocodone, Erythromycin, Vicodin, Penicillin and Tetracycline. Examination of the cervical spine demonstrated no atrophy or wasting of the muscles. Range of motion was reduced. Spurling test was positive on the right for neck pain only. Spurling test on the left was positive for neck pain and radiculopathy. Assessment included cervical spondylosis and cervical failed back syndrome. The injured worker currently lives in North Carolina and was being seen after 1 year. The provider was requesting for the injured worker to see a pain physician in North Carolina. She continued to use Ambien at bedtime. She was advised to cut down to 10 mg. She had tried multiple other medications for sleep aids without effect. She continued to use Tizanidine 4 mg up to 3 tablets a day. She was being started on Seroquel 50 mg at bedtime on a trial basis with refills. The injured worker was advised to stop Ambien if Seroquel worked. Medications prescribed included Ambien, Zanaflex, Seroquel and LidoPro 4%. She was advised to follow up in 2 months. A progress report dated 11-12-2012, showed use of Ambien and Zanaflex dating back to that time. A urine toxicology test performed on 06-15-

2015 was positive for THC and Ethyl alcohol. On 09-15-2015, Utilization review non-certified the request for Ambien, Zanaflex, Lidopro and Seroquel.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ambien: Upheld

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

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 MTUS did not specifically address the use of Ambien, therefore other guidelines were consulted. Per the ODG, Zolpidem is a prescription short-acting non-benzodiazepine hypnotic, which is recommended for short-term (7-10 days) treatment of insomnia. Proper sleep hygiene is critical to the individual with chronic pain and often is hard to obtain. Various medications may provide short-term benefit. 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, however given the risks there is no clear indication for the continued use of this medication in the injured worker, the risks outweigh the benefits and the continued use of Ambien is not medically necessary.

Zanaflex: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Muscle relaxants (for pain). Decision based on Non-MTUS Citation Official Disability Guidelines: Pain - Non sedating muscle relaxants.

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

Decision rationale: The MTUS recommends non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP. Muscle relaxants may be effective in reducing pain and muscle tension, and increasing mobility. However, in most LBP cases, they show no benefit beyond NSAIDs in pain and overall improvement. Also there is no additional benefit shown in combination with NSAIDs. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. (Homik, 2004) Sedation is the most commonly reported adverse effect of muscle relaxant medications. These drugs should be used with caution in patients driving motor vehicles or operating heavy machinery. Drugs with the most limited published evidence in terms of

clinical effectiveness include chlorzoxazone, methocarbamol, dantrolene and baclofen. This medication is not recommended for long-term use and there are no extenuating circumstances or documentation of pain or functional improvement that warrant continued use in the injured worker, therefore the request for Zanaflex is not medically necessary.

Lidopro: Overturned

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

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

Decision rationale: Per the MTUS, topical analgesics are recommended as an option, they are largely experimental in use with few randomized controlled trials to determine efficacy or safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Many agents are compounded as monotherapy or in combination for pain control, any compounded product that contains at least one drug or drug class that is not recommended is not recommended. Lidocaine is approved for use in the form of a dermal patch. Gels, creams or lotions are not indicated for neuropathic pain and lidocaine is not recommended for non neuropathic pain. A review of the injured workers medical records reveal that she had not done well with antiepileptic drugs, had significant sedative and cognitive effects from oral agents and topical medications were being used as an adjunct to her treatment in an effort to reduce oral systemic medications especially opioids, the continued use of Lidopro appears appropriate in this injured worker given her clinical presentation, therefore the request for Lidopro is medically necessary.

Seroquel: 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 and stress / Seroquel.

Decision rationale: The MTUS / ACOEM did not address the use of Seroquel therefore, other guidelines were consulted. Per the ODG, Seroquel is not recommended as a first-line treatment. There is insufficient evidence to recommend atypical antipsychotics (e.g., quetiapine, risperidone) as monotherapy for conditions covered in ODG. It may be useful to augment antidepressant treatment in treatment refractory patients. A review of the injured workers medical records reveals that Seroquel is being used to replace Ambien in the treatment of insomnia. Unfortunately, the guidelines do not support the use of Seroquel in this manner, therefore the request for Seroquel is not medically necessary.