

Case Number:	CM15-0207024		
Date Assigned:	10/23/2015	Date of Injury:	01/02/2007
Decision Date:	12/04/2015	UR Denial Date:	10/05/2015
Priority:	Standard	Application Received:	10/21/2015

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: Florida

Certification(s)/Specialty: Family Practice

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 43 year old female, who sustained an industrial injury on 1-2-07. The injured worker was diagnosed as having cervical spine disc syndrome with strain and sprain disorder, radiculopathy, and spinal stenosis. Other diagnoses included lumbosacral spine disc syndrome with strain and sprain disorder, radiculopathy, facet syndrome, annular fissure, and placement of electrical stimulation of the spine electrode to reduce pain. The injured worker was also diagnosed with thoracic spine sprain and strain disorder and chronic pain syndrome with idiopathic insomnia. Treatment to date has included medication such as Ultracet, Ambien CR, Xanax, and Zanaflex. Physical exam findings on 9-15-15 included limited range of motion of the entire spine in all planes of motion. Sensation and strength was decreased in the left C6 and left S1 areas. Left biceps and left ankle deep tendon reflexes were absent. Tender and painful bilateral paraspinal muscular spasms were present. The injured worker had been taking Ultracet, Zanaflex, and Ambien since September 2015. A physician's report dated 9-15-15 noted "the results of the urine drug screen show that patient does not have any quantitative value detected for Valium and Oxycodone, even though the patient is suppose do be on both Oxycodone and Diazepam." On 9-15-15, the injured worker complained of lumbosacral and low back pain. On 9-15-15, the treating physician requested authorization for Ultracet 37.5-325mg #120, Zanaflex 4mg #60, and Ambien CR 12.5mg #30. On 10-5-15, the requests were non-certified by utilization review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ultracet 37.5/325mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, specific drug list, Opioids, criteria for use. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain - Opioids specific drug list.

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

Decision rationale: In accordance with California MTUS guidelines, narcotics for chronic pain management should be continued if "(a) If the patient has returned to work, (b) If the patient has improved functioning and pain." MTUS guidelines also recommend that narcotic medications only be prescribed for chronic pain when there is evidence of a pain management contract being upheld with proof of frequent urine drug screens. Regarding this patient's case, there is no objective evidence of continued functional improvement. Likewise, this requested chronic narcotic pain medication is not medically necessary.

Zanaflex 4mg #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), Pain - Zolpidem (Ambien).

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

Decision rationale: In accordance with the California MTUS guidelines, Zanaflex is a muscle relaxant and muscle relaxants are not recommended for the treatment of chronic pain. From the MTUS guidelines: "Recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence." Likewise, this request for Zanaflex is not medically necessary.

Ambien CR 12.5mg QHS PRN #30: 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), Pain - Zolpidem (Ambien).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Online 2015-Sedative Hypnotics-Zolpidem.

Decision rationale: California MTUS guidelines are silent regarding sleep aid medications. Likewise, the ODG was consulted. The ODG states concerning Ambien (Zolpidem) that it is a prescription short acting non-benzodiazepine hypnotic, which is approved for the short-term (4-6 weeks) treatment of insomnia. While anti-anxiety agents are commonly prescribed in chronic pain, there is no evidence to support their long term/chronic use. Likewise, this request for Zolpidem is not medically necessary.