MAXIMUS Federal Services

Case Number:	CM15-0208318		
Date Assigned:	10/27/2015	Date of Injury:	07/29/1981
Decision Date:	12/09/2015	UR Denial Date:	10/13/2015
Priority:	Standard	Application Received:	10/22/2015

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: Massachusetts
Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 58 year old male with a date of injury on 07-29-1981. The injured worker is undergoing treatment for lumbar post laminectomy syndrome, myofascial pain, and lumbar spondylosis. Physician notes dated 08-21-2015 and 09-18-2015 documents the injured worker is attending pain management and is making slow progress. Rest, a home exercise program and medications help. A physician progress note dated 10-05-2015 documents the injured worker complains of low back pain that he rates as 4 out of 10 and it is constant. He has more than 50% analgesic benefit and functional improvement with his current pain medication regimen without side effects. He has some muscle spasms in his low back. He still has sutures in his low back scar area that are not dissolved. He is not working he is retired. Treatment to date has included diagnostic studies, multiple lumbar spine surgeries, most recent was status post hardware removal in 2014, and use of a Transcutaneous Electrical Nerve Stimulation unit. Current medications include Norco, Ambien, and Tizanidine, and he has been on these medications since at least 10-30-2014. The Request for Authorization dated 10-05-2015 includes Ambien 10mg, #30, Norco 10/325mg, #60, and Tizanidine 2mg, #60. On 10-13-2015 Utilization Review non-certified the request for Ambien 10mg, #30, Norco 10/325mg, #60, and Tizanidine 2mg, #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ambien 10mg, #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 (Chronic) Zolpidem (Ambien) 2015.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) (1) Chronic Pain, Zolpidem (2) Mental Illness & Stress, Insomnia (3) Mental Illness & Stress, Insomnia treatment.

Decision rationale: The claimant has a remote history of a work injury occurring in January 1981 and continues to be treated for chronic pain. He has undergone multiple lumbar spine surgeries with a multilevel revision done in September 2013. In June 2015, medications included Norco and Ambien. He was having difficulty sleeping due to pain. He was referred for pain management and seen for a pain management evaluation on 09/09/15. He was having non-radiating low back pain rated at 2/10. He was taking Norco with reported adequate analgesia and without adverse effects. He reported more than 60% benefit with improved range of motion and function with the use of TENS. Physical examination findings included a normal body mass index. There was mild to moderate difficulty when transitioning from a seated to standing position. There was lumbar paraspinal tenderness with limited range of motion. Straight leg raising was negative. Norco was continued. Urine drug screening was performed and a CURES report was obtained. When seen in October 2015 pain was rated at 4/10. Pain medications were providing a more than 50% analgesic benefit with functional improvement and without adverse effects and allowing him to perform activities of daily living. He was having significant lumbar muscle spasms. Vital signs were recorded. Guidelines indicate that when an injured worker has reached a permanent and stationary status or maximal medical improvement, that does not mean that they are no longer entitled to future medical care. Ambien (zolpidem) is a prescription short-acting non-benzodiazepine hypnotic, which is approved for the short-term (usually two to six weeks) treatment of insomnia and is rarely recommended for long-term use. It can be habit-forming, and may impair function and memory and may increase pain and depression over the long-term. The treatment of insomnia should be based on the etiology and pharmacological agents should only be used after careful evaluation of potential causes of sleep disturbance. Primary insomnia is generally addressed pharmacologically. Secondary insomnia may be treated with pharmacological and/or psychological measures. In this case, the claimant has reported difficulty sleeping due to pain which should be treated directly. The request for continued prescribing of Ambien is not considered medically necessary.

Norco 10/325mg, #60: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids for chronic pain.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use, Opioids for chronic pain, Opioids, dosing, Opioids, long-term assessment.

Decision rationale: The claimant has a remote history of a work injury occurring in January 1981 and continues to be treated for chronic pain. He has undergone multiple lumbar spine surgeries with a multilevel revision done in September 2013. In June 2015, medications included Norco and Ambien. He was having difficulty sleeping due to pain. He was referred for pain management and seen for a pain management evaluation on 09/09/15. He was having non-radiating low back pain rated at 2/10. He was taking Norco with reported adequate analgesia and without adverse effects. He reported more than 60% benefit with improved range of motion and function with the use of TENS. Physical examination findings included a normal body mass index. There was mild to moderate difficulty when transitioning from a seated to standing position. There was lumbar paraspinal tenderness with limited range of motion. Straight leg raising was negative. Norco was continued. Urine drug screening was performed and a CURES report was obtained. When seen in October 2015 pain was rated at 4/10. Pain medications were providing a more than 50% analgesic benefit with functional improvement and without adverse effects and allowing him to perform activities of daily living. He was having significant lumbar muscle spasms. Vital signs were recorded. Guidelines indicate that when an injured worker has reached a permanent and stationary status or maximal medical improvement that does not mean that they are no longer entitled to future medical care. When prescribing controlled substances for pain, satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Norco (hydrocodone/acetaminophen) is a short acting combination opioid used for intermittent or breakthrough pain. In this case, it is being prescribed as part of the claimant's ongoing management. There are no identified issues of abuse or addiction and medications are providing decreased pain and improved activities of daily living and activity tolerance. The total MED is less than 120 mg per day consistent with guideline recommendations. Continued prescribing was medically necessary.

Tizanidine 2mg, #60: 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 (ODG) Pain (Chronic): Tizanidine (Zanaflex) 2015, Muscle relaxants (for pain).

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

Decision rationale: The claimant has a remote history of a work injury occurring in January 1981 and continues to be treated for chronic pain. He has undergone multiple lumbar spine surgeries with a multilevel revision done in September 2013. In June 2015, medications included Norco and Ambien. He was having difficulty sleeping due to pain. He was referred for pain management and seen for a pain management evaluation on 09/09/15. He was having non-radiating low back pain rated at 2/10. He was taking Norco with reported adequate analgesia and without adverse effects. He reported more than 60% benefit with improved range of motion and function with the use of TENS. Physical examination findings included a normal body mass index. There was mild to moderate difficulty when transitioning from a seated to standing position. There was lumbar paraspinal tenderness with limited range of motion. Straight leg raising was negative. Norco was continued. Urine drug screening was performed and a CURES report was obtained. When seen in October 2015 pain was rated at 4/10. Pain medications were providing a more than 50% analgesic benefit with functional improvement and without adverse effects and allowing him to perform activities of daily living. He was having significant lumbar muscle spasms. Vital signs were recorded. Zanaflex (Tizanidine) is a centrally acting alpha 2-

adrenergic agonist that is FDA approved for the management of spasticity and prescribed off-label when used for low back pain. In this case, there is no identified new injury or acute exacerbation. The information submitted for review does not document the presence of muscle spasms. The claimant does not have spasticity due to an upper motor neuron condition. Prescribing Tizanidine is not considered medically necessary.