

Case Number:	CM15-0209265		
Date Assigned:	10/28/2015	Date of Injury:	01/08/2006
Decision Date:	12/31/2015	UR Denial Date:	09/23/2015
Priority:	Standard	Application Received:	10/23/2015

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: New York
 Certification(s)/Specialty: Internal 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:

This is a 55 year old male who sustained an industrial injury on 1-8-2006. A review of the medical records indicates that the injured worker is undergoing treatment for lumbosacral spondylosis, lumbar sprain, lumbar disc displacement without myelopathy and degeneration of lumbar or lumbosacral intervertebral disc. According to the progress report dated 9-9-2015, the injured worker complained of severe low back pain radiating to his left leg with numbness and weakness. He also complained of moderate thoracic back pain. He rated his pain 9 out of 10 without medications and 6 out of 10 with medications. Pain was rated the same levels on 8-12-2015 and 6-17-2015. The injured worker reported that he was scheduled for lumbar laminectomy on 10-19-2015. Objective findings (9-9-2015) revealed mild tenderness to palpation over the thoracic paraspinal muscles. There was severe tenderness to palpation over the bilateral lumbar paraspinal muscles consistent with spasms. Straight leg raise was positive bilaterally. Treatment has included left shoulder surgery, physical therapy, transcutaneous electrical nerve stimulation (TENS) unit and medications. Current medications included Hydrocodone, Cyclobenzaprine, Lorazepam, Ambien (all since at least 6-2015) and Menthoderm gel. The request for authorization was dated 9-15-2015. The original Utilization Review (UR) (9-23-2015) denied requests for Hydrocodone, Cyclobenzaprine, Lorazepam and Ambien.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydrocodone 10/325mg #180: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use, Opioids for chronic pain. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter--Opioids.

Decision rationale: The California MTUS Chronic Pain Medical Treatment Guidelines recommend specific guidelines for the ongoing use of narcotic pain medication to treat chronic pain. "Recommendations include the lowest possible dose be used as well as ongoing review and documentation of pain relief, functional status, appropriate medication use and its side effects. It is also recommends that providers of opiate medication document the injured worker's response to pain medication including the duration of symptomatic relief, functional improvements, and the level of pain relief with the use of the medication." The CA MTUS Guidelines define functional improvement as "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 and a reduction in the dependency on continued medical treatment." Therapies should be focused on functional restoration rather than the elimination of pain. The medical records submitted for review does not include the above recommended documentation. There were no functional improvements noted with the use of the medications. The injured worker's work status remains unchanged and there is no change on medical dependence. Therefore, Hydrocodone 10/325mg #180 is not medically necessary.

Cyclobenzaprine 10mg #60: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS 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 Chapter--Muscle relaxants.

Decision rationale: According to the reviewed literature, Cyclobenzaprine (Flexeril) is not recommended for the long-term treatment of chronic pain. This medication has its greatest effect in the first four days of treatment. In addition, this medication is not recommended to be used for longer than 2-3 weeks. According to CA MTUS Guidelines, muscle relaxants are not considered any more effective than nonsteroidal anti-inflammatory medications alone. In this case, the available records are not clear if this injured worker has any functional improvement from prior Cyclobenzaprine use. Based on the currently available information and per review of guidelines, the medical necessity for this muscle relaxant medication has not been established. The requested treatment is not medically necessary.

Lorazepam 1mg #60: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: Lorazepam is a benzodiazepine drug having anxiolytic, sedative, and hypnotic properties. The medication is used in conjunction with antidepressants for the treatment of depression with anxiety, and panic attacks. Per California MTUS Guidelines, benzodiazepines are not recommended for long-term use for the treatment of chronic pain because long-term efficacy is unproven and there is a risk of dependency. Most guidelines limit use to four weeks. Medical necessity of the requested medication has not been established. The requested treatment is not medically necessary.

Ambien 10mg #30: 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) Pain Chapter-- Insomnia Treatment.

Decision rationale: The CA MTUS guidelines are silent regarding the use of Ambien. However, according to the Official Disability Guidelines; Ambien (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. In this case, the submitted medical records failed to provide documentation regarding sleep history including hours of sleep, sleep hygiene, and efficacy of prior medication use or a diagnosis that would support the use of a hypnotic (Ambien). Additionally, the guidelines recommend Ambien for short-term (7-10 days) treatment of insomnia. There is documentation of ongoing treatment with Ambien and its continuation does not comply with the recommended guidelines. Therefore, based on the Official Disability Guidelines and submitted medical records, the request for Ambien 10mg #30 is not medically necessary.