

Case Number:	CM15-0210279		
Date Assigned:	10/29/2015	Date of Injury:	06/13/2003
Decision Date:	12/22/2015	UR Denial Date:	10/15/2015
Priority:	Standard	Application Received:	10/26/2015

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: Physical Medicine & Rehabilitation

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 male, who sustained an industrial injury on 6-13-03. The documentation on 10-5-15 noted that the injured worker has complaints of neck pain that radiates down the bilateral upper extremities with right greater than left. Low back that radiates down the bilateral lower extremities and upper extremity pain with pain bilaterally in the hands. The cervical examination noted there is tenderness noted upon palpation at the trapezius muscles bilaterally and myofascial trigger points with twitch response are noted in the right rhomboids muscles. Range of motion was limited with flexion and moderately limited due to pain. Lumbar examination noted there was tenderness noted upon palpation in the spine vertebral area L4-S1 (sacroiliac) levels and range of motion was moderately limited secondary to pain. The injured worker reports limitation in sleep. Magnetic resonance imaging (MRI) of the lumbar and cervical spine on 10-22-14. The diagnoses have included chronic pain; degeneration of cervical intervertebral disc; cervical spondylosis without myelopathy; brachial neuritis or radiculitis not otherwise specified and degeneration of lumbar or lumbosacral intervertebral disc. Treatment to date has included post facet radiofrequency rhizotomy at lumbar level bilateral L4-S1 (sacroiliac); cervical and lumbar facet blocks; vicodin; epidural steroid injection; norco and terocin topical relief pain. The original utilization review (10-15-15) non-certified the request for ambien 12.5mg #30; norco 10-325mg #180 and skelaxin 800mg #120.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ambien 12.5mg #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, Pain, Ambien/Insomnia treatment.

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) Chapter, under Zolpidem.

Decision rationale: Based on the 08/26/15 progress report provided by treating physician, the patient presents with neck and low back pain rated 7/10 with and 10/10 without medications. The request is for Ambien 12.5MG #30. RFA dated 10/06/15 provided. Patient's diagnosis on 08/26/15 includes cervical and lumbar facet arthrosis, cervical discogenic disease with radiculopathy, chronic cervical sprain/strain, and lumbar discogenic disease. Physical examination of the cervical spine on 08/26/15 revealed tenderness to palpation over the C4-7 facet joints, pain with axial compression, C5-C7 radiculopathy, and decreased sensation at C6-7 bilaterally. Examination of the lumbar spine revealed spasm and tenderness to palpation over the bilateral facet joints, decreased and painful range of motion, and positive Lasegue's and Straight leg raise tests. Treatment to date has included rhizotomy, cervical and lumbar facet blocks, ESI's, imaging studies and medications. Patient's medications include Hydrocodone, Metaxalone, Zolpidem and Terocin topical. The patient is permanent and stationary. ODG-TWC, Pain (Chronic) Chapter, Zolpidem (Ambien) Section states: "Zolpidem is a prescription short- acting nonbenzodiazepine 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. (Feinberg, 2008)" Ambien (Zolpidem) has been included in patient's medications per progress reports dated 12/17/14, 06/03/15, and 10/05/15. It is not known when this medication was initiated. ODG recommends Ambien for short-term (7-10 days) treatment of insomnia. The patient has been prescribed this medication at least since 12/17/15, which is 10 months from UR date of 10/15/15. Continued use of this medication would not be in accordance with guidelines. In addition, the request for additional quantity 30 would exceed guideline recommendation. Therefore, the request is not medically necessary.

Norco 10/325mg #180: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

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

Decision rationale: Based on the 08/26/15 progress report provided by treating physician, the patient presents with neck and low back pain rated 7/10 with and 10/10 without medications. The request is for Norco 10/325MG #180. RFA dated 10/06/15 provided. Patient's diagnosis on 08/26/15 includes cervical and lumbar facet arthrosis, cervical discogenic disease with radiculopathy, chronic cervical sprain/strain, and lumbar discogenic disease. Physical examination of the cervical spine on 08/26/15 revealed tenderness to palpation over the C4-7 facet joints, pain with axial compression, C5-C7 radiculopathy, and decreased sensation at C6-7 bilaterally. Examination of the lumbar spine revealed spasm and tenderness to palpation over the bilateral facet joints, decreased and painful range of motion, and positive Lasegue's and Straight leg raise tests. Treatment to date has included rhizotomy, cervical and lumbar facet blocks, ESI's, imaging studies and medications. Patient's medications include Hydrocodone, Metaxalone, Zolpidem and Terocin topical. The patient is permanent and stationary. MTUS, criteria for use of opioids section, pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS, criteria for use of opioids section, page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. MTUS, criteria for use of opioids section, p77, states that "function should include social, physical, psychological, daily and work activities, and should be performed using a validated instrument or numerical rating scale." MTUS, medications for chronic pain section, page 60 states that "Relief of pain with the use of medications is generally temporary, and measures of the lasting benefit from this modality should include evaluating the effect of pain relief in relationship to improvements in function and increased activity." Norco (Hydrocodone) has been included in patient's medications per progress reports dated 12/17/14, 06/03/15, and 10/05/15. It is not known when this medication was initiated. Provided UDS dated 03/19/15 and 09/04/15 demonstrated consistent results, and CURES was reviewed, per 06/03/15 report. In this case, treater has discussed analgesia and aberrant behavior in addressing the 4A's. However, treater has not discussed how Norco significantly improves patient's activities of daily living with specific examples, nor discussed adverse reactions to the medication. MTUS states that "function should include social, physical, psychological, daily and work activities," and requires appropriate discussion of the 4A's. In addition, it appears this patient has been prescribed narcotic medications long term, and is not presumed to be suffering from nociceptive pain. Long-term use of opiates may in some cases be indicated for nociceptive pain according to MTUS, which states "Recommended as the standard of care for treatment of moderate or severe nociceptive pain (defined as pain that is presumed to be maintained by continual injury with the most common example being pain secondary to cancer)." This request is not in accordance with guidelines and lacks documentation to warrant continued use of this opiate. Therefore, the request is not medically necessary.

Skelaxin 800mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

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

Decision rationale: Based on the 08/26/15 progress report provided by treating physician, the patient presents with neck and low back pain rated 7/10 with and 10/10 without medications. The request is for Skelaxin 800MG #120. RFA dated 10/06/15 provided. Patient's diagnosis on 08/26/15 includes cervical and lumbar facet arthrosis, cervical discogenic disease with radiculopathy, chronic cervical sprain/strain, and lumbar discogenic disease. Physical examination of the cervical spine on 08/26/15 revealed tenderness to palpation over the C4-7 facet joints, pain with axial compression, C5-C7 radiculopathy, and decreased sensation at C6-7 bilaterally. Examination of the lumbar spine revealed spasm and tenderness to palpation over the bilateral facet joints, decreased and painful range of motion, and positive Lasegue's and Straight leg raise tests. Treatment to date has included rhizotomy, cervical and lumbar facet blocks, ESI's, imaging studies and medications. Patient's medications include Hydrocodone, Metaxalone, Zolpidem and Terocin topical. The patient is permanent and stationary. MTUS Chronic Pain Guidelines for Muscle relaxants section, pg. 63-66 states: "Muscle relaxants (for pain): Recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbation in patients with chronic LBP. The most commonly prescribed antispasmodic agents are Carisoprodol, cyclobenzaprine, metaxalone, and methocarbamol, but despite their popularity, skeletal muscle relaxants should not be the primary drug class of choice for musculoskeletal conditions." For Skelaxin, MTUS p61 states, "Recommended with caution as a second-line option for short-term pain relief in patients with chronic LBP. Metaxalone (marketed by King Pharmaceuticals under the brand name Skelaxin) is a muscle relaxant that is reported to be relatively non-sedating." Skelaxin (Metaxalone) has been included in patient's medications per progress reports dated 12/17/14, 06/03/15, and 10/05/15. It is not known when this medication was initiated. MTUS recommends muscle relaxant such as Skelaxin only for a short period (no more than 2-3 weeks). The patient has been prescribed this medication at least since 12/17/15, which is 10 months from UR date of 10/15/15. Continued use of this medication would not be in accordance with guidelines. In addition, the request for additional quantity 120 is excessive and does not indicate intended short-term use. Therefore, the request is not medically necessary.