

Case Number:	CM15-0036597		
Date Assigned:	03/05/2015	Date of Injury:	04/06/1994
Decision Date:	04/14/2015	UR Denial Date:	02/12/2015
Priority:	Standard	Application Received:	02/26/2015

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: 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 61 year old male, who sustained an industrial injury on 04/06/1994. Medical records provided by the treating physician did not indicate the injured worker's mechanism of injury. The injured worker was diagnosed as having chronic neck pain status post cervical fusion surgery and discectomy, status post right carpal tunnel release, status post right shoulder surgery, and three level lumbar discogenic pain. Treatment to date has included pain medication regimen, use of transcutaneous electrical nerve stimulation unit, trigger point injections to the cervical spine, laboratory studies, magnetic resonance imaging of the lumbar spine, x-ray of the cervical spine, and above listed surgical procedures. In a progress note dated 25 March 2015 the treating provider reported worsening complaints of ongoing back pain but noted Norco decreases the pain from a ten out of ten to a seven out of ten. Trial use of Lexapro was not beneficial and was discontinued at the patient's request. Examination noted tenderness to palpation in the right lower para-spinal muscles along with a trigger point causing a jump response. The patient's present medications are: Norco 10/325 six tabs per day, Lunesta alternating with Ambien, Colace, Lactulose, Zanaflex, Lyrica and Max-Freeze.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #360: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47-9, Chronic Pain Treatment Guidelines Opioids Page(s): 60-1, 74-96.

Decision rationale: Hydrocodone-Acetaminophen (Norco) is a mixed medication made up of the short acting, opioid, hydrocodone, and acetaminophen, better known as Tylenol. It is recommended for moderate to moderately severe pain with usual dosing of 5-10 mg hydrocodone per 325 mg of acetaminophen taken as 1-2 tablets every 4-6 hours. Maximum dose according to the MTUS is limited to 4 gm of acetaminophen per day, which is usually 120 mg/day of hydrocodone. According to the MTUS, opioid therapy for control of chronic pain, while not considered first line therapy, is considered a viable alternative when other modalities have been tried and failed. This is the crux of the decision for use of this medication. The patient is taking a first-line medication for chronic pain but still has significant difficulty controlling pain. Additionally, the provider has documented beneficial effects of decreased pain and increased function from use of opioid medication. Finally, the risk with chronic opioid therapy is the development of addiction, overdose and death. The pain guidelines in the MTUS directly address this issue and have outlined criteria for monitoring patients to prevent iatrogenic morbidity and mortality. The provider has been following this criteria. Considering all the above, medical necessity for continued use of Norco has been established although present law requires only one month supply (180 tabs) be given instead of a two month supply (360 tabs).

Ambien 10mg 330: 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 Procedure Summary.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Schutte-Rodin S, et al. Clinical Guideline for the Evaluation and Management of Chronic Insomnia in Adults. J Clin Sleep Med 2008; 4(5):487-504.

Decision rationale: Zolpidem (Ambien, Ambien CR) is a short-acting benzodiazepine receptor agonist medication. It is indicated for short-term (usually about two to six weeks) treatment of insomnia. It is very effective in initiating sleep but has not adequately demonstrated effectiveness in maintaining sleep, unless delivered in a controlled-release (CR) form. Long-term use of zolpidem is associated with drug tolerance, drug dependence, rebound insomnia, and CNS-related adverse effects. Insomnia, defined by the American Academy of Sleep Medicine (AASM) as the subjective perception of difficulty with sleep initiation, duration, consolidation, or quality that occurs despite adequate opportunity for sleep, and that result in some form of daytime impairment, is the most prevalent sleep disorder in the general population. It requires a full work-up to understand its etiology and to direct therapy. The AASM guideline recommends any pharmacologic treatment for chronic insomnia be accompanied by cognitive and behavioral treatments. Additionally, it recommends use of benzodiazepines or benzodiazepine receptor agonist medications are used short term followed by other sedating agents such as sedating

antidepressants and atypical antipsychotics. This patient has been taking another sleep agent, Lunesta, for longer than 6 weeks and is still experiencing frequent nighttime awakenings. A full evaluation for the etiology for his chronic insomnia has not been done. The medical necessity for use of Ambien has not been established.

Lexapro 10mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressant.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 388, 402, Chronic Pain Treatment Guidelines Antidepressants for chronic pain; SSRIs (selective serotonin reuptake inhibitors) Page(s): 13-16, 107.

Decision rationale: Lexapro (escitalopram) is a selective serotonin reuptake inhibitor (SSRI). It is indicated for use in the treatment of depression. As a class SSRIs are not recommended for the treatment of chronic pain although the MTUS does describe its use to treat psychological depression that arises from chronic pain. Since the patient doesn't have a diagnosis of depression medical necessity for use of this medication has not been established. Note: the patient's trial use this medication did not change his symptoms nor help his functionality and he asked it be discontinued.

Zanaflex 4mg #180: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63-6.

Decision rationale: Tizanidine (Zanaflex) is a central-acting sedating muscle relaxant used to relax spastic muscles and relieve pain caused by strains, sprains, and other musculoskeletal conditions. This class of medications can be helpful in reducing pain and muscle tension thus increasing patient mobility but, as a group, are recommended for short-term use only, as their efficacy appears to diminish over time. The MTUS recommends use of tizanidine for muscle spasms and/or pain relief associated with chronic low back pain. It also notes that muscle relaxants are considered no more effective at pain control than non-steroidal anti-inflammatory medication (NSAIDs) and there is no study that shows combination therapy of NSAIDs with muscle relaxants has a demonstrable benefit. This patient has been on muscle relaxant therapy for over 3 months. There is specific documentation that this medication has added to the patient's present level of function. Considering all the above information medical necessity for continued use of tizanidine has been established.