

<b>Case Number:</b>	CM15-0083408		
<b>Date Assigned:</b>	05/05/2015	<b>Date of Injury:</b>	12/13/2004
<b>Decision Date:</b>	07/08/2015	<b>UR Denial Date:</b>	04/22/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/30/2015

### 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: Texas, Illinois

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:

This 61 year old male sustained an industrial injury on 12/13/04. He subsequently reported low back pain. Diagnoses include lumbago, lumbalgia and lumbosacral spondylosis. Treatments to date include x-ray and MRI testing, therapy, surgery, injections and prescription medications. The injured worker continues to experience chronic low back pain. Upon examination, there is no midline shift of the lumbar spine. There is no spinous process tenderness of the lumbar spine. There is paraspinal muscle tenderness reported in the lumbar spine musculature. Decreased flexion (30 degrees) is noted of the lumbar spine. Straight leg raising test is positive at 50 degrees in sitting position. A request for Ambien, Lidoderm, Zanaflex, Dexilant and Norco medications was made by the treating physician.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Ambien 5mg #10:** 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).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Illness & Stress Zolpidem (Ambien).

**Decision rationale:** The injured worker sustained a work related injury on 12/13/04. The medical records provided indicate the diagnosis of lumbago, lumbalgia and lumbosacral spondylosis. Treatments to date include therapy, surgery, injections and prescription medications. The medical records provided for review do not indicate a medical necessity for: Ambien 5mg #10. Ambien (Zolpidem) is a non-benzodiazepine sedative hypnotic. The MTUS is silent on it, but the official Disability guidelines states that Zolpidem is approved for the short- term (usually two to six weeks) treatment of insomnia. The records indicate the injured worker has been using this medication at least since 11/2014. The request is not medically necessary.

**Lidoderm 5% patch 1 pack:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm (Lidocaine patch).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm (lidocaine patch); Topical Analgesics Page(s): 56-57 111-113.

**Decision rationale:** The injured worker sustained a work related injury on 12/13/04. The medical records provided indicate the diagnosis of lumbago, lumbalgia and lumbosacral spondylosis. Treatments to date include therapy, surgery, injections and prescription medications. The medical records provided for review do not indicate a medical necessity for: Lidoderm 5% patch 1 pack. Lidoderm is a topical analgesic containing Lidocaine. The MTUS states it is recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (tri-cyclic or SNRI anti-depressants or an antiepilepsy drug such as gabapentin or Lyrica). The MTUS states it is only FDA approved for post-herpetic neuralgia. The records indicate the injured worker has been using it since 11/2014, the records do not indicate the injured worker is being treated for post herpetic neuralgia. The request is not medically necessary.

**Zanaflex 4mg #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 63-66.

**Decision rationale:** The injured worker sustained a work related injury on 12/13/04. The medical records provided indicate the diagnosis of lumbago, lumbalgia and lumbosacral spondylosis. Treatments to date include x-ray and MRI testing, therapy, surgery, injections and prescription medications. The medical records provided for review do not indicate a medical necessity for Zanaflex 4mg #60. Zanaflex (Tizanidine) is a muscle relaxant. The MTUS recommends non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbation in patients with chronic low back pain. The records indicate the injured worker has been on this medication since 10/29/2014, but there is no indication the injured worker is being monitored for liver function tests, as is

recommended by the MTUS (monitored baseline, 1, 3, and 6 months). Neither is there evidence the injured worker is benefiting from the treatment. The request is not medically necessary.

**Dexilant 30mg #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms and cardiovascular risk.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68.

**Decision rationale:** The injured worker sustained a work related injury on 12/13/04. The medical records provided indicate the diagnosis of lumbago, lumbalgia and lumbosacral spondylosis. Treatments to date include therapy, surgery, injections and prescription medications. The medical records provided for review do not indicate a medical necessity for Dexilant 30mg #60. Dexilant (dexlansoprazole) is a proton pump inhibitor. The MTUS recommends the addition of proton pump inhibitors to the treatment of individuals at risk of gastrointestinal events who are being treated with NSAIDs. The medical records do not indicate the injured worker is being treated with NSAID. The request is not medically necessary.

**Norco 10/325mg #150:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78-81.

**Decision rationale:** The injured worker sustained a work related injury on 12/13/04. The medical records provided indicate the diagnosis of lumbago, lumbalgia and lumbosacral spondylosis. Treatments to date include therapy, surgery, injections and prescription medications. The medical records provided for review do not indicate a medical necessity for Norco 10/325mg #150. The MTUS recommends the use of the lowest dose of opioids for the short-term treatment of moderate to severe pain. The MTUS does not recommend the use of opioids for longer than 70 days in the treatment of chronic pain due to worsening adverse effects and lack of research in support of benefit. Also, the MTUS recommends that individuals on opioid maintenance treatment be monitored for analgesia (pain control), activities of daily living, adverse effects and aberrant behavior; the MTUS recommends discontinuation of opioid treatment if there is no documented evidence of overall improvement or if there is evidence of illegal activity or drug abuse or adverse effect with the opioid medication. The records indicate the injured worker has been using this since 11/2014, but with no overall improvement: the injured worker has not been working, and the pain has not improved. The request is not medically necessary.