

<b>Case Number:</b>	CM14-0158984		
<b>Date Assigned:</b>	10/02/2014	<b>Date of Injury:</b>	03/25/2011
<b>Decision Date:</b>	11/12/2014	<b>UR Denial Date:</b>	09/05/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/29/2014

### 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. The expert reviewer is Board Certified in Occupational Medicine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic neck and shoulder pain reportedly associated with an industrial injury of August 16, 2004. Thus far, the applicant has been treated with the following: Analgesic medications; opioid therapy; adjuvant medications; and reported return to regular duty work. In a Utilization Review Report dated September 5, 2014, the claims administrator denied requests for Ambien and Zanaflex, approved Neurontin, and conditionally approved Norco for weaning purposes. The applicant's attorney subsequently appealed. In a medical-legal evaluation of November 27, 2013, the applicant reported persistent complaints of neck pain, shoulder pain, myofascial pain syndrome, and fibromyalgia. The applicant was working regular duty. It was stated that the applicant was a candidate for cervical fusion surgery. The medical-legal report did not incorporate any discussion of medication selection or medication efficacy. The applicant's medication list was not part of the medical-legal evaluation. The remainder of the file was surveyed. The August 26, 2014 request for authorization (RFA) form and progress note of June 25, 2014 were apparently not incorporated into the Independent Medical Review packet.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Ambien 10 mg, #30:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Ambien Page(s): 7-8. Decision based on Non-MTUS Citation Food and Drug Administration (FDA), Ambien Medication Guide, Ambien Label - Food and Drug Administration, [www.accessdata.fda.gov](http://www.accessdata.fda.gov)

**Decision rationale:** While the MTUS does not specifically address the topic of Ambien, pages 7 and 8 of the MTUS Chronic Pain Medical Treatment Guidelines do stipulate that an attending provider using a drug for non-FDA labeled purposes has a responsibility to be well informed regarding usage of the same and should, furthermore, furnish compelling evidence to support such usage. The Food and Drug Administration (FDA) notes that Ambien is indicated in the short-term treatment of insomnia, for up to 35 days. In this case, it was not clearly stated whether or not the request in question was a first-time request, a renewal request, and/or whether or not the applicant had been using Ambien previously. Again, the June 25, 2014 RFA form on which the request in question was initiated was not incorporated into the Independent Medical Review packet. The information which is on file, however, failed to support or substantiate the request. Therefore, the request is not medically necessary.

**Zanaflex 4 mg, #30: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Tizanidine/Zanaflex Page(s): 7, 66.

**Decision rationale:** While page 66 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that Tizanidine or Zanaflex is FDA approved in the management of spasticity and can be employed for unlabeled use for low back pain, as is present here, this recommendation is qualified by commentary made on page 7 of the MTUS Chronic Pain Medical Treatment Guidelines to the effect that an attending provider should incorporate some discussion of medication efficacy into his choice of recommendations. In this case, however, the applicant's functional status and response to ongoing usage of Zanaflex have not been documented in any recent clinical progress note. While the applicant was working as of a medical-legal evaluation in 2013, more recent progress notes documenting the applicant's response to usage of Zanaflex were not incorporated into the Independent Medical Review packet. The information which is on file, however, has failed to support or substantiate the request. Therefore, the request is not medically necessary.

**Norco 10/325 mg, #60: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines When to Continue Opioids topic Page(s): 80.

**Decision rationale:** As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of the same. In this case, however, recent progress notes documenting the applicant's work status, functional status, and/or response to ongoing usage of Norco were not incorporated into the Independent Medical Review packet. The June 25, 2014 progress note on which Norco was sought was not furnished by the claims administrator. The information which is on file, however, failed to support or substantiate the request. Therefore, the request is not medically necessary.