

Case Number:	CM14-0185332		
Date Assigned:	11/13/2014	Date of Injury:	02/03/2005
Decision Date:	12/19/2014	UR Denial Date:	10/10/2014
Priority:	Standard	Application Received:	11/06/2014

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 Orthopedic Surgery 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 injured worker is a 48-year-old female who reported an injury on 02/03/2005. The mechanism of injury was not included. The diagnoses included lumbar radiculopathy, sacroiliitis, lumbar disc displacement, post lumbar laminectomy syndrome, and cervical strain. Other therapies have included medications, physical therapy, chiropractic treatment, TENS unit, and acupuncture with steroid injections. The physician documented a urine toxicology screen from 05/2013. The diagnostic studies included an MRI of the spine, discography, CT of the lumbar spine, EMG/NCS, as well as imaging for transforaminal lumbar ESI. The surgical history included bilateral lumbar decompression at L4 and L5, and other surgeries which were noncontributory to the request. The progress note dated 10/29/2014, noted the injured worker complained of pain radiating from her low back down her left leg. Pain was rated a 3/10 with medications and a 5/10 without medications. Her quality of sleep was noted to be poor. Activity level was noted to be the same. The injured worker also reported Zanaflex was much better than the Soma to control her muscle spasms. The physical exam revealed a limited range of motion to the cervical spine with spasm and tenderness to the paravertebral muscles; limited range of motion to the lumbar spine with spasm and tenderness to the paravertebral muscles; a positive straight leg raise test at 85 degrees on the left side; tenderness to the sacroiliac spine; ankle jerk was absent bilaterally; and patellar jerk was 1/4 bilaterally. The neurological examination revealed motor strength of 5/5 to the bilateral upper and lower extremities, except for the left hip flexor which was rated 4/5. The physician recommended to continue medications including; Percocet, as it was noted to decrease pain from 6/10 to 3/10 in combination with other medications, and allowed her to work full time with the help of her medications; Ambien which was noted to be used as needed, on average 3 nights a week, with 7 to 8 hours of quality sleep with the medication and 2 hours of sleep without the medication; and Zanaflex which was noted

to decrease the pain of muscle spasms from 7/10 to 3/10, and help with sleep, and her ability to stretch more effectively. The Request for Authorization form was submitted for review on 10/07/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Percocet 10/325 mg, #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for Chronic pain; ongoing management Page(s): 60;78.

Decision rationale: The request for Percocet 10/325 mg, 30 count is not medically necessary. The California MTUS Guidelines recommend opiates for chronic pain. There should be documentation of objective functional improvement, an objective decrease in pain, and evidence that the patient is being monitored for side effects, and aberrant drug taking behavior. The injured worker had documented objective improvement in pain with the ability to continue working with the use of the medication. However, there was a lack of documentation of an assessment of side effects or aberrant behaviors, and the request does not indicate the frequency at which the medication is prescribed to support necessity. Of note, this medication typically requires weaning. Given the above, the continued use of Percocet is not supported by the evidence based guidelines. Therefore, the request for Percocet 10/325 mg 30 count is not medically necessary.

Zanaflex 4 mg, #90: Upheld

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

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

Decision rationale: The request for Zanaflex 4 mg 90 count is not medically necessary. The California MTUS guidelines recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP. Tizanidine is FDA approved for the management of spasticity with unlabeled use for low back pain. Muscle relaxants may be effective in reducing pain and muscle tension, and increasing mobility. However, in most LBP cases, they show no benefit beyond NSAIDs in pain and overall improvement. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. The documentation submitted for review indicates that the injured worker had radicular low back pain with continued spasm. It is not clear how long the injured worker has been taking Zanaflex. There is a lack of evidence of the efficacy of the medication. This request contains a concurrent review for Soma. There was a lack of

documentation indicating the necessity for both muscle relaxants. Additionally, the request does not indicate the frequency at which the medication is prescribed to support necessity. Given the above, the request for Zanaflex 4 mg 90 count is not medically necessary.

Ambien 10 mg, #15: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, insomnia treatments.

Decision rationale: The request for Ambien 10 mg 15 count is not medically necessary. The injured worker was noted to have an improved sleep quality with the medication. The Official Disability Guidelines recommend Ambien as a non-benzodiazepine hypnotic, for the short term (2 to 6 weeks) treatment of insomnia. Sleeping pills are not recommended for long term use, as they can be habit forming, and may impair memory and function more than opioids. There is also a concern that they may increase pain and depression over the long term. The clinical documentation submitted for review indicates the patient has been using Ambien since as early as 05/2014. This greatly exceeds the guideline recommendations for short term use. There is a lack of documentation to support continued use of Ambien as an exception to the guidelines. Additionally, the request does not indicate the frequency at which the medication is prescribed to support necessity. Given the above, the request for Ambien 10 mg 15 count is not medically necessary.

Soma 350 mg, #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 29.

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

Decision rationale: The request for Soma 350 mg 90 count is not medically necessary. The California MTUS guidelines state Soma is not recommended for use with a risk of dependence and abuse, and muscle relaxants are not indicated for long term use. The clinical documentation submitted for review provides evidence that the injured worker has been on this medication since as early as May of 2014. There is a lack of documentation of the efficacy of the medication. This request contains a concurrent review for Zanaflex. There was a lack of documentation indicating the necessity for both muscle relaxants. Additionally, the request does not indicate the frequency at which the medication is prescribed to support necessity. Given the above, and that the medication is not recommended for use by the evidence based guidelines, the request for Soma 350mg 90 count is not medically necessary.