

Case Number:	CM14-0029240		
Date Assigned:	06/20/2014	Date of Injury:	06/19/2012
Decision Date:	09/08/2014	UR Denial Date:	02/14/2014
Priority:	Standard	Application Received:	03/07/2014

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 Physical Medicine & Rehabilitation has a subspecialty in Pain Medicine and is licensed to practice in Texas & Oklahoma 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 45-year-old female with a reported date of injury on 06/19/2012. The mechanism of injury was not submitted within the medical records. Her diagnoses were noted to include discogenic cervical condition with multilevel disc disease and protrusions at C3-C7, as well as T2-3 with facet changes at C4-5 and C6-7, impingement syndrome of the right shoulder, thoracic sprain with multilevel disc degeneration, lumbar discogenic condition with disc disease at L5-S1, tendinitis, wrist joint sprain with partial tear of the scapholunate ligament and fluid in the joint, and depression. Her previous treatments were noted to include psychiatry, TENS unit, and medications. The progress note dated 01/27/2014 revealed the injured worker complained of quite a bit of pain and some difficulty sleeping. The physical examination revealed tenderness along the cervical, thoracic, and lumbar paraspinal muscles bilaterally, as well as the right wrist carpometacarpal joint, 1st extensor. Her medication regimen was noted to include Ambien 10 mg for insomnia, Protonix 20 mg to treat upset stomach, Flexeril 7.5 mg for muscle spasm, Vicodin 5/300 mg for pain, and Lorazepam 1 mg for anxiety. The progress note dated 05/19/2014 revealed the injured worker complained of headaches, anxiety, and depression. The physical examination noted shoulder tenderness was mild and the motion of her shoulder was limited because of the neck problems. The facet pain was noted on the right side of the midline and tenderness along the carpal tunnel area was mild. The request for authorization form dated 01/28/2014 was for Protonix 20 mg #60 for upset stomach, Ambien 10 mg #60 for insomnia, Lorazepam 1 mg #60 for anxiety, Flexeril 7.5 mg #60 for muscle spasms, and again Ambien 10 mg (prescribed 01/27/2014) #30 for insomnia.

IMR ISSUES, DECISIONS AND RATIONALES

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

Protonix 20 mg for next visit quantity 60: Upheld

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

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

Decision rationale: The injured worker has been utilizing this medication since at least 10/2013. The California Chronic Pain Medical Treatment Guidelines recommend for the physician to determine if the patient is at risk for gastrointestinal events with the utilization of NSAIDs by checking if the injured worker is greater than 65 years of age, history of peptic ulcer, gastrointestinal bleeding, or perforation, concurrent use of aspirin, corticosteroids, and/or an anticoagulant, or high dose/multiple NSAIDs. There is a lack of documentation regarding stomach upset or the utilization of NSAIDs to warrant Protonix. Additionally, the request failed to provide the frequency at which this medication is to be utilized. Therefore, the request for Protonix 20mg for next visit quantity 60 is not medically necessary and appropriate.

Ambien 10 mg for next visit quantity 60: 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), Pain, Zolpidem (Ambien).

Decision rationale: The injured worker has been utilizing this medication since at least 10/2013. The Official Disability Guidelines state zolpidem is a prescription short-acting non-benzodiazepine hypnotic, which is approved for short-term (usually 2 to 6 weeks) treatment of insomnia. Proper sleep hygiene is critical to the individual with chronic pain and is often hard to obtain. 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. It 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. The injured worker has been utilizing this medication for over 6 months and there is a lack of documentation regarding efficacy of this medication with sleep duration, sleep quality, and how long it takes to fall asleep. Additionally, the request failed to provide frequency at which this medication is to be utilized. Therefore, the request for Ambien 10mg for next visit quantity 60 is not medically necessary and appropriate.

Lorazepam 1 mg for next visit quantity 60: 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 Benzodiazepines Page(s): 24.

Decision rationale: The injured worker has been utilizing this medication since at least 10/2013. The California Chronic Pain Medical Treatment Guidelines do not recommend benzodiazepines for long-term use because long-term efficacy is unproven and there is risk of dependence. Most guidelines limit use to 4 weeks and the range of action includes sedative/hypnotic, anxiolytic, anticonvulsant, and muscle relaxant. Chronic benzodiazepines are the treatment of choice in very few conditions. Tolerance to hypnotic effects develop rapidly and tolerance to anxiolytic effects occur within months and long-term use may actually increase anxiety. A more appropriate treatment for anxiety disorder is an antidepressant. Tolerance to anticonvulsants and muscle relaxant effects occur within weeks. There is a lack of documentation regarding efficacy of this medication and the injured worker has been utilizing this medication for over 6 months which exceeds guideline recommendations. Additionally, the request failed to provide the frequency at which this medication is to be utilized. Therefore, the request for Lorazepam 1mg for next visit quantity 60 is not medically necessary and appropriate.

Flexeril 7.5 mg for next visit quantity 60: 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 Muscle Relaxants (for pain) Page(s): 63.

Decision rationale: The injured worker has been utilizing this medication since at least 10/2013. The California Chronic Pain Medical Treatment Guidelines recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic low back pain. Muscle relaxants may be effective in reducing pain and muscle tension and increasing mobility. However, in most low back pain cases, they show no benefit beyond NSAIDs in pain and overall improvement. In addition, there is no additional benefit shown in combination with NSAIDs. Efficacy appears to diminish over time and prolonged use of some medications in this class may lead to dependence. There is a lack of documentation regarding muscle spasms to warrant Flexeril and there is a lack of documentation regarding efficacy of this medication with improved functional status. Additionally, the request failed to provide the frequency at which this medication is to be utilized. Therefore, the request for Flexeril 7.5mg for next visit quantity 60 is not medically necessary and appropriate.

Ambien 10 mg (prescribed 01/27/2014) quantity 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 (ODG).

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

Decision rationale: The injured worker has been utilizing this medication since at least 10/2013. The Official Disability Guidelines state zolpidem is a prescription short-acting non-benzodiazepine hypnotic, which is approved for short-term (usually 2 to 6 weeks) treatment of insomnia. Proper sleep hygiene is critical to the individual with chronic pain and is often hard to obtain. 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. It 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. The injured worker has been utilizing this medication for over 6 months and there is a lack of documentation regarding efficacy of this medication with sleep duration, sleep quality, and how long it takes to fall asleep. Additionally, the request failed to provide frequency at which this medication is to be utilized. Therefore, the request Ambien 10 mg (prescribed 01/27/2014) quantity 30 is not medically necessary and appropriate.