MAXIMUS Federal Services

Case Number:	CM14-0158943		
Date Assigned:	10/02/2014	Date of Injury:	08/21/2003
Decision Date:	02/17/2015	UR Denial Date:	09/18/2014
Priority:	Standard	Application Received:	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 Physical Medicine Rehab, has a subspecialty in Pain Medicine, Spinal Cord Medicine and is licensed to practice in Maryland. 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 claimant is a 53 year-old female who has a history of a work injury occurring on 08/21/03 when, while working as a Department Manager, she was assisting in lifting a television and strained her low back. Treatments included physical therapy and injections. She was seen on 09/04/14. There had been minimal improvement after a left sacroiliac joint injection or lumbar rhizotomy. Medications included Lyrica, tizanidine, Ambien, and Tagamet. Review of systems was negative for gastrointestinal problems. Physical examination findings included left lower lumbar facet and sacroiliac joint tenderness. There was decreased lumbar spine range of motion without pain. Imaging results were reviewed. She was diagnosed with myofascial pain and lumbar facet arthritis. Medications were continued. On 12/04/14 she was having ongoing chronic left-sided low back pain. Pain was rated at 3-6/10. She was continuing to take medications. Physical examination findings included bilateral lumbar facet joint tenderness. Tizanidine 4 mg #30, Ambien 10 mg #30, Lyrica 300 mg #60, and Zantac 150 mg #30 were refilled.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lyrica 300mg #60 with 2 refills: 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 Antiepilepsy Drugs (AEDs); Medications for chronic pain Page(s): 18-19; 60.

Decision rationale: The claimant is more than 2 years status post work-related injury and continues to be treated for chronic left-sided low back pain. Antiepilepsy drugs such as Lyrica are recommended for neuropathic pain. In this case, the claimant does not have a diagnosis of neuropathic pain and therefore the request for Lyrica is not medically necessary.

Tizanidine 4mg #30 with 2 refills: Upheld

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 (for pain), Page(s): 63-66.

Decision rationale: The claimant is more than 2 years status post work-related injury and continues to be treated for chronic left-sided low back pain. Tizanidine is a centrally acting alpha 2-adrenergic agonist that is FDA approved for the management of spasticity and prescribed off-label when used for low back pain. Short-term use is recommended. In this case, Tizanidine is being prescribed on a long-term basis. Therefore the request is not medically necessary.

Ambien 10mg #30 with 2 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain, Zolpidem; Mental Illness & Stress, Insomnia; Mental Illness & Stress, Insomnia tre.

Decision rationale: The claimant is more than 2 years status post work-related injury and continues to be treated for chronic left-sided low back pain. Ambien (zolpidem) is a prescription nonbenzodiazepine hypnotic, which is approved for the short-term (usually two to six weeks) treatment of insomnia and is rarely recommended for long-term use. It can be habit-forming, and may impair function and memory and may increase pain and depression over the long-term. The treatment of insomnia should be based on the etiology and pharmacological agents should only be used after careful evaluation of potential causes of sleep disturbance. In this case, the nature of the claimant's sleep disorder is not provided. There is no assessment of factors such as sleep onset, maintenance, quality, or next-day functioning. Whether the claimant has primary or secondary insomnia has not been determined. Therefore, the request for Ambien is not medically necessary.

Zantac 150mg #30 with 2 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, specific drug list & adverse effects Page(s): 68-71.

Decision rationale: The claimant is more than 2 years status post work-related injury and continues to be treated for chronic left-sided low back pain. Guidelines recommend consideration of an H2-blocker such as Zantac for the treatment of dyspepsia secondary to NSAID therapy. In this case, the claimant is not taking an oral NSAID medication. The claimant does not have any identified ongoing risk factors for a gastrointestinal event. She is under age 65 and has no history of a peptic ulcer, bleeding, or perforation. Therefore the continued prescribing of Zantac is not medically necessary.