

Case Number:	CM14-0190159		
Date Assigned:	11/21/2014	Date of Injury:	09/27/2001
Decision Date:	01/09/2015	UR Denial Date:	11/05/2014
Priority:	Standard	Application Received:	11/14/2014

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 Emergency Medicine and is licensed to practice in Texas. 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 55-year-old female who reported an injury on 09/27/2001 due to a motor vehicle accident. Diagnoses were noted to include postlaminectomy syndrome of lumbar region, lumbago, postlaminectomy syndrome cervical region, injury to the lumbar nerve root, thoracic/lumbosacral neuritis/radiculitis, muscle spasms, degenerative lumbar/lumbosacral intervertebral disc. Past treatments were noted to include Toradol injections, chiropractic care, physical therapy, medications, epidural steroid injections, and a home exercise program. Pertinent diagnostic studies were noted to include an MRI of the cervical spine dated 11/11/2013 and an MRI of the lumbar spine dated 10/03/2012. On 08/27/2014, the injured worker complained of continued neck, low back, and left leg pain. The documentation noted the injured worker's low back pain was worse with sitting and standing, and neck pain was increased with use of her arms. The documentation also noted the medications were working well. The injured worker rated her pain at 6/10 on average. Her mood since her prior visit was 7/10 and her functional level since the prior visit was 6/10. The injured worker complained of poor sleep quality due to her pain and was noted to not be using a sleeping aid. The documentation noted that her sleep quality was good when she was taking Ambien; however, documentation also noted that she was not getting her Xanax or Linzess. Current medications were noted to include Ambien, Linzess, Mirapex, MS Contin (morphine), Norco, Xanax, and Zanaflex. The treatment plan was noted to include continuation with medical management of medications, continued home exercise program on a regular basis, a urine drug screen, and urine drug screens. The rationale for the requested services was not included in the documentation submitted for review. The request for authorization was not included in the documentation submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

LORZONE 750MG, QUANTITY 60, ONE BY MOUTH TWICE PER DAY: 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 Page(s): 63.

Decision rationale: The California MTUS Guidelines recommend muscle relaxants as an option for a short course of therapy. The effect is greatest in the first 4 days of treatment, suggesting that shorter courses may be better. Treatment should be brief. The guidelines state Lorzone has advantages over other muscle relaxants including reduced sedation and less evidence for abuse. Per the documentation provided the injured worker has been using the medication for longer than 6 months; therefore, continued use would exceed the guideline recommendations. There is a lack of documentation indicating the injured worker has significant spasms for which the medication would be needed. There is a lack of documentation indicating the injured worker has significant objective functional improvement with the medication. As such, the request for Lorzone 750mg, Quantity 60, one by mouth twice per day is not medically necessary.

AMBIEN 10MG, QUANTITY 3, ONE BY MOUTH AT BEDTIME: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation www.rxlist.com

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Official Disability Guidelines (ODG) Pain, Zolpidem (Ambien).

Decision rationale: The California MTUS/ACOEM Guidelines do not specifically address. The Official Disability Guidelines state that Ambien is a prescription short acting NonBenzodiazepine hypnotic, which is approved for short term use, usually for 2 to 6 weeks for the treatment of insomnia. Proper sleep hygiene is critical to the individual's chronic pain and is often hard to obtain. Various medications may provide short term benefit. While sleeping pills, so called minor tranquilizers and antianxiety agents are commonly prescribed in chronic pain, pain specialists rarely, if ever, recommend them for long term use. They can be habit forming and may impair function and memory more than opioid pain relievers. There is also concern they may increase pain and depression over the long term. The documentation submitted for review noted the injured worker's sleep quality is good while taking Ambien. However, there is a lack of documentation submitted for review indicating the injured worker's quality of sleep, duration, and if the injured worker had any daytime sleepiness. The documentation submitted for review also failed to indicate the rationale for the Ambien. Within the documentation physician did not include a recent clinical note detailing the injured worker's current condition. Therefore, the request for Ambien 10mg, quantity 3, one by mouth at bedtime is not indicated at this time. As such, the request is not medically necessary.

LINZESS 144UGM, QUANTITY 30, ONE TO TWO BY MOUTH DAILY AS NEEDED:
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 Initiation of Opioid Therapy Page(s): 77.

Decision rationale: The request for Linzess 144ugm, quantity 30, one to two by mouth daily as needed is not medically necessary. The California MTUS Guidelines recommend that when initiating opioid therapy, prophylactic treatment of constipation should be initiated. The documentation submitted for review does note that the injured worker is taking multiple opioids. However, there is lack of documentation noting the efficacy of the medication. Within the documentation physician did not include a recent clinical note detailing the injured worker's current condition and the injured worker's current medication regimen. Therefore, the request for Linzess 144ugm, quantity 30, one to two by mouth daily as needed is not indicated at this time. As such, the request is not medically necessary.