

<b>Case Number:</b>	CM14-0211094		
<b>Date Assigned:</b>	12/23/2014	<b>Date of Injury:</b>	04/08/2006
<b>Decision Date:</b>	02/26/2015	<b>UR Denial Date:</b>	11/21/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/16/2014

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:  
 State(s) of Licensure: California  
 Certification(s)/Specialty: Internal Medicine

### 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 patient had her injury on 4/8/05 She was denied authorization for the following meds by the UR on 11/21/14; Nucynta, Lidoderm, Zanaflex, Ambien, and Clonazepam. On 11/25/14 a report was submitted by her MD asking reconsideration of this. He stated that she had cumulative trauma injury and suffered from cervical spine strain, right upper extremity complex regional pain syndrome (CRPS), psychiatric and internal medicine complaints. He last saw the patient on 6/24/14 and noted that the CRPS caused 10/10 but with her denied meds the pain was 6/10 and tolerable and she had relief for about 6 hours a day. She was noted to have pain in her cervical spine and left wrist. Her right upper extremity showed muscle atrophy, tenderness, and hypersensitivity to touch. She had anxiety secondary to her chronic symptomatology. No significant side effects were noted with her pain meds and she showed no signs of abuse.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Nucynta 100mg #60:** Overturned

**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 Page(s): 75 and 91. Decision based on Non-MTUS Citation Up to Date topic 9511 and version 93.0.

**Decision rationale:** In general, opioid effectiveness is noted to be augmented with 1- education as to its benefits and limitations, 2- the employment of non opioid treatments such as relaxation techniques and mindfulness techniques, 3- the establishment of realistic goals, and 4- encouragement of self regulation to avoid the misuse of the medication. The MTUS notes that opioid medicines should be not the first line treatment for neuropathic pain because of the need for higher doses in this type of pain. It is also recommended that dosing in excess of the equivalent of 120 mg every day of morphine sulfate should be avoided unless there are unusual circumstances and pain management consultation has been made. It is also stated that the use of opioids in chronic back pain is effective in short-term relief of pain and that long-term relief of pain appears to be limited. However, the MTUS does state that these meds should be continued if the patient was noted to return to work and if there was noted to be an improvement in pain and functionality. In addition, it is noted that if the medicine is effective in maintenance treatment that dose reduction should not be done. Nucynta is a drug of the opioid class and has both short and long acting preparations. As such, addiction must be monitored for. The long acting preparation may cause life threatening respiratory collapse. Other side effects include dizziness, drowsiness, nausea, emesis, anxiety, constipation, hypotension, and insomnia. We note that the above patient had CRPS which is a severe and painful disease affecting the patients upper extremity. She has no history of abuse and needs this medicine in order to control the pain. Therefore, the request is medically necessary.

**Zanaflex 4mg #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines muscle relaxants Page(s): 63.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 66.

**Decision rationale:** Zanaflex or Tizanidine is a central acting alpha-2 adrenergic agonist that is FDA approved for treatment of spasticity and is used off label to treat low back pain. Eight studies have indicated its usefulness for lumbar pain and one study showed chronic myofascial pain responding to this medicine. It also may be a useful adjunct to treat fibromyalgia pain. Side effects include somnolence, dizziness, hypotension, weakness, and hepatotoxicity. It should be used in caution with renal insufficiency. Spasms were not documented in the physician report and this is the main use of this medicine. Therefore, the request is not medically necessary.

**Ambien 10mg #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), Pain - Insomnia treatment

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Up to Date review on Ambien Topic 10057 and version 131.0

**Decision rationale:** Ambien is a medicine used to treat insomnia. The literature states that medications should be a last resort for insomnia and should be used as short a duration of time as possible and in as low a dose as possible. Initial treatment should be treatment of general medical and psychological issues that could be causing the insomnia and instruction in general sleep hygiene and behavior modification in order to treat this condition. The next step if the above is not successful would be the use of cognitive behavioral therapy. Only if all the above measures are unsuccessful should sleep meds be utilized and again for the shortest time period possible and in the smallest doses possible. It is noted that Ambien could have side effects such as high blood pressure (HBP), palpitations, anxiety, muscle cramps and back pain. The patient is already on 2 sleep aids, Trazodone and Clonazepam. She can titrate up her dose of Trazodone if she needs more meds for sleep. She is now on only 100 mg and dose can be titrated up to a maximum dose of 600mg. Therefore, the request is not medically necessary.

**Clonazepam 0.5mg #60:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines benzodiazepines Page(s): 24.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Up to Date topic 14631 and version 24.0 and topic 9284 and version 131.0

**Decision rationale:** Clonazepam is a benzodiazepine medicine that is long acting. It is used for seizure treatment and panic attack disorder. It is used off label for bipolar disease, sleep disorders, senile tremor, and restless leg syndrome. It is considered a second line agent for chronic anxiety treatment but should not be used in patients with history of abuse. Its side effects include edema, palpitations, dizziness, nausea, diarrhea, anemia, thrombocytopenia, and increase in liver enzymes, muscle pain and weakness. The patient has anxiety, which is controlled by both this med, and her Trazodone. Her chronic pain generates her anxiety and she is in need of chronic treatment. She tolerates this medicine well and has not shown any signs of abuse. Therefore, the request is medically necessary.