

Case Number:	CM15-0011506		
Date Assigned:	01/29/2015	Date of Injury:	06/23/2010
Decision Date:	03/26/2015	UR Denial Date:	01/14/2015
Priority:	Standard	Application Received:	01/21/2015

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: Physical Medicine & Rehabilitation

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 49 year old female, who sustained an industrial injury on 6/23/10. She has reported pain in the neck and lower back. The diagnoses have included lumbar radiculopathy, status post L4-L5 laminectomy and lumbar stenosis. Treatment to date has included diagnostic studies, TENs unit, spinal cord stimulator and oral medication. As of the PR2 dated 12/16/14, the injured worker reported 7/10 low back pain that radiates to lower extremities. The treating physician noted 80% improvement in pain with the spinal cord stimulator. The treating physician requested to continue current medications including Zolpidem 10mg #90 x1refill, Tizanidine 4mg #90 x 1 refill, Topical Buprenorphine 20mcg #4 x1 refill and Lorazepam 1mg #90 x 1refill. On 1/14/15 Utilization Review non-certified a request Zolpidem 10mg #90 x1refill, Tizanidine 4mg #90 x 1 refill, Topical Buprenorphine 20mcg #4 x1 refill and Lorazepam 1mg #90 x 1refill. The utilization review physician cited the MTUS and ODG guidelines. On 1/21/15, the injured worker submitted an application for IMR for review of Zolpidem 10mg #90 x1refill, Tizanidine 4mg #90 x 1 refill, Topical Buprenorphine 20mcg #4 x1 refill and Lorazepam 1mg #90 x 1refill.

IMR ISSUES, DECISIONS AND RATIONALES

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

Zolpidem (Ambien tablet, film coated) 10 mg #90 refills:: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Ambien (Zolpidem)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official disability guidelines Pain chapter, Zolpidem; insomnia treatment

Decision rationale: This patient presents with neck pain, radiating into the bilateral elbows/wrists/hands, lower back pain, radiating into the left buttocks/thigh/foot. The treater has asked for ZOLPIDEM/AMBIEN TABLET 10MG #90 REFILLS on 1/2/15. Patient has been taking Ambien since 9/29/14. Regarding Ambien, ODG guidelines recommend for the short-term treatment 2 to 6 week period of insomnia with difficulty of sleep onset 7-10 days. Not recommended for long-term use. They 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 patient is currently not working. In this case, the patient has a chronic pain condition. The patient has already been using Ambien for 3 months. MTUS recommends Ambien only for short term use of 7 to 10 days. The request IS NOT medically necessary.

Tizanidine (Zanaflex) 4 mg #90 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 ANTISPASTICITY/ANTISPASMODIC DRUGS Medications for chronic pain Page(s): 66, 60.

Decision rationale: This patient presents with neck pain radiating into the upper extremities, and lower back pain radiating into the left lower extremity. The treater has asked for TIZANIDINE/ZANAFLEX 4MG #90 REFILLS on 1/2/15. The patient has been taking Zanaflex since 9/29/14. Regarding Zanaflex, MTUS recommends for management of spasticity and low back pain, particularly effective in myofascial pain and as adjunct treatment for fibromyalgia. The patient is currently not working. In this case, the patient has a chronic pain condition. The patient has been taking Zanaflex for more than 3 months without documentation of its efficacy. Regarding medications for chronic pain, MTUS pg. 60 require a recording of pain and function. Due to a lack of documentation of effectiveness, the request IS NOT medically necessary.

Topical Buprenorphine (Butrans Patch, extended release) 20 mcg #4 refills; 1: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Buprenorphine CRITERIA FOR USE OF OPIOIDS Page(s): 26, 76-78, 88-89.

Decision rationale: This patient presents with neck pain radiating into the upper extremities, and lower back pain radiating into the left lower extremity. The treater has asked for TOPICAL BUPRENORPHINE/BUTRANS PATCH, EXTENDED RELEASE 20MCG #4 REFILLS on 1/2/15. Patient has been using Butrans since 9/29/14. For chronic opioids use, MTUS Guidelines pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. The patient is currently not working. MTUS page 26 regarding Buprenorphine, "Recommended for treatment of opiate addiction. Also recommended as an option for chronic pain, especially after detoxification in patients who have a history of opiate addiction" In this case, there is no discussion regarding opiate addiction or prior detoxification for which this medication is indicated. MTUS supports this medication for chronic pain as well and the treater indicates a decrease in pain with current medications which include Butrans, stating "she continues to find relief with medications" per 1/2/15 report. But there is no discussion of this medications efficacy in terms of functional improvement using numerical scale or validated instrument. Quality of life change, or increase in specific activities of daily living are not discussed. There is no discussion of return to work or change in work status attributed to the use of the opiate. Urine toxicology screen on 10/27/14 was aberrant, as 4 prescribed medications did not appear on results Hydrocodone, Alprazolam, Acetaminophen, Zolpidem. No other aberrant behavior monitoring is provided such as CURES report. Given the lack of sufficient documentation regarding chronic opiates management as required by MTUS, a slow taper off the medication is recommended at this time. The request IS NOT medically necessary.

Lorazepam (Ativan tablet) 1 mg 390 refills: 1: Upheld

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

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

Decision rationale: This patient presents with neck pain radiating into the upper extremities, and lower back pain radiating into the left lower extremity. The treater has asked for LORAZEPAM/ATIVAN TABLET 1MG 390 REFILLS 1 on 1/2/15. Patient has been taking the benzodiazepine since 9/29/14. Regarding benzodiazepines, MTUS recommends for a maximum of 4 weeks, as long-term efficacy is unproven and there is a risk of dependence. The patient is currently not working. In this case, the patient has a chronic pain condition. The patient has been taking Lorazepam for more than 3 months as of 1/2/15. MTUS does not recommend long-term use of benzodiazepines. The request IS NOT medically necessary.