

<b>Case Number:</b>	CM15-0012308		
<b>Date Assigned:</b>	01/29/2015	<b>Date of Injury:</b>	05/30/2000
<b>Decision Date:</b>	03/24/2015	<b>UR Denial Date:</b>	01/13/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	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: Indiana

Certification(s)/Specialty: Preventive Medicine, Occupational 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:

This 74 year old female sustained an industrial injury on 5/30/2000, with subsequent ongoing low back pain. Computed tomography lumbar spine (10/17/12) showed L4-5 anterolisthesis with mild spinal canal stenosis and mild right neural foraminal stenosis. Computed tomography myelogram lumbar spine (12/19/13) showed solid fusion with no significant disc height loss above the fusion and facet arthropathy at L2-3. Treatment included lumbar fusion, radiofrequency ablation, sacroiliac joint injections, spinal cord stimulator, physical therapy, psychiatric care and medications. In a PR-2 dated 12/12/14, the injured worker complained of difficulty sleeping secondary to pain. The injured worker complained of constant low back pain with radiation and numbness down bilateral lower extremities. The injured worker rated her pain 3-5/10 on the visual analog scale with medications and 8-9/10 without. Physical exam was remarkable for antalgic gait, tenderness to palpation over the left sacroiliac joint and decreased sensation over the left L3 dermatome distribution and mildly decreased sensation over the left sacroiliac joint. Current diagnoses included status post right hip surgery, status post left sacroiliac joint fusion, bilateral sacroiliac joint dysfunction, status post thoracolumbar spinal cord stimulator placement, L3-4 stenosis, bilateral lower extremity radiculopathy and lumbar degeneration. Work status was temporary total disability. The treatment plan included requesting consideration for a sacroiliac joint block and prescriptions for Norco 10/325, Robaxine, Neurontin, Ambien and Meloxicam. On 1/13/15, Utilization Review noncertified a request for Robaxin 750mg tablets #540 and modified requests for Ambien 10mg tablets qty: 180 to Ambien 10mg tablets qty: 15 and Meloxicam tablets 7.5mg tablets qty: 180 to Meloxicam

tablets 7.5mg tablets qty: 30 citing CA MTUS Chronic Pain Medical Treatment Guidelines. As a result of the UR denial, an IMR was filed with the Division of Workers Comp.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Ambien 10mg tablets qty: 180:** 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 Chapter

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

**Decision rationale:** The CA MTUS is silent regarding this topic. The ODG states that Zolpidem is a prescription short acting non-benzodiazepine hypnotic, which is approved for short-term treatment of insomnia. There has been no discussion of the patient's sleep hygiene or the need for variance from the guidelines, such as a) Wake at the same time every day; (b) Maintain a consistent bedtime; (c) Exercise regularly (not within 2 to 4 hours of bedtime); (d) Perform relaxing activities before bedtime; (e) Keep your bedroom quiet and cool; (f) Do not watch the clock; (g) Avoid caffeine and nicotine for at least six hours before bed; (h) Only drink in moderation; & (i) Avoid napping. Medical documents also do not include results of these first line treatments, if they were used in treatment of the patient's insomnia. The ODG additionally states "The specific component of insomnia should be addressed: (a) Sleep onset; (b) Sleep maintenance; (c) Sleep quality; & (d) Next-day functioning." Medical documents provided do not detail these components. As such, the request for Ambien is not medically necessary at this time.

**Robaxin 750mg tablets #540:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants (for pain) Page(s): 63-66.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63-66.

**Decision rationale:** The medical records indicate that Methocarbamol has been prescribed in excess of what would be considered short-term treatment. Medical documents also do not indicate what first-line options were attempted and the results of such treatments. Additionally, records do not indicate functional improvement with the use of this medication or other extenuating circumstances, which is necessary for medication usage in excess of guidelines recommendations. As such, the request for Robaxin 750mg #540 is not medically necessary.

**Meloxicam tablets 7.5mg tablets qty: 180:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 64.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs; Meloxicam Page(s): 61-68.

**Decision rationale:** The MTUS states "Meloxicam is a nonsteroidal anti-inflammatory drug (NSAID) for the relief of the signs and symptoms of osteoarthritis. See NSAIDs." The MTUS guidelines for NSAIDs are divided into four usage categories: Osteoarthritis (including knee and hip), Back Pain- Acute exacerbations of chronic pain, Back Pain - Chronic low back pain, and Neuropathic pain. Regarding Osteoarthritis (including knee and hip), medical records do not indicate that the patient is being treated for osteoarthritis, which is the main indication for Meloxicam. Regarding Back Pain- Acute exacerbations of chronic pain, the MTUS recommends as a second-line treatment after acetaminophen. Medical records do not indicate that the patient has "failed" a trial of Tylenol alone. Regarding Back Pain - Chronic low back pain, The MTUS states, "Recommended as an option for short-term symptomatic relief". The medical records indicate that the patient has been prescribed Meloxicam beyond what would be considered longer than "short-term". Regarding Neuropathic pain, the MTUS writes "There is inconsistent evidence for the use of these medications to treat long-term neuropathic pain, but they may be useful to treat breakthrough and mixed pain conditions such as osteoarthritis (and other nociceptive pain) in with neuropathic pain". Medical records do not indicate that the patient is being treated for osteoarthritis. As such, the request for Meloxicam is not medically necessary at this time.