

Case Number:	CM15-0016043		
Date Assigned:	02/04/2015	Date of Injury:	01/26/1996
Decision Date:	03/30/2015	UR Denial Date:	01/16/2015
Priority:	Standard	Application Received:	01/28/2015

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: New York
 Certification(s)/Specialty: Anesthesiology

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 58 year old female, who sustained an industrial injury on 1/26/1996. The diagnoses have included post laminectomy syndrome, lumbar neuritis, previous lumbar fusion, severe right L5 radiculopathy and significant foraminal stenosis L2-3. Treatment to date has included trigger point injections and pain medications. According to the Primary Treating Physician's Progress Report dated 11/24/2014, the injured worker complained of low back pain and bilateral leg pain. She reported the leg pain as radiating down the lateral/posterior aspect of her legs to her feet bilaterally. Objective findings of the lumbar exam revealed the injured worker to have difficulty walking and difficulty changing position. Gait was antalgic. Motion was restricted and muscle spasm was present. X-rays performed on 11/24/2014 showed decreased disc space L2-3 and surgical changes L3 to S1. The injured worker was given localized trigger point injections times two into the sacroiliac distribution. The injured worker noted reduced pain immediately following the procedure. Authorization was requested for medications. On 1/16/2015, Utilization Review (UR) non-certified requests for Ambien 12.5mg #30, Baclofen 10mg #90 and Zanaflex 4mg #120. UR modified a request for MS Contin 15mg #60 to MS Contin 15mg #30. The Medical Treatment Utilization Schedule (MTUS) and Official Disability Guidelines (ODG) were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ambien 12.5 mg #30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation FDA, Official Disability Guidelines (ODG)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Insomnia Treatment

Decision rationale: Ambien (Zolpidem) is a prescription short-acting non-benzodiazepine hypnotic, which is approved for the short-term (usually two to six weeks) treatment of insomnia and is rarely recommended for long-term use. Ambien is indicated for treatment of insomnia with difficulty of sleep onset and/or sleep maintenance. 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 patient is status post injury for 19 years. There is no documentation of a clear description of sleep issues or documentation indicating if the patient uses this medication every night, or on an as needed basis. There is no documentation provided indicating the medical necessity for Ambien. The requested medication is not medically necessary.

MS Contin 15 mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CA MTUS (2009), Opioids Page(s): 91-97. Decision based on Non-MTUS Citation Opioids

Decision rationale: According to ODG, chronic pain can have a mixed physiologic etiology of both neuropathic and nociceptive components. In most cases, analgesic treatment should begin with acetaminophen, aspirin, and NSAIDs. When these drugs do not satisfactorily reduce pain, opioids for moderate to moderately severe pain may be added. According to ODG and MTUS, MS Contin (Morphine Sulfate Contin) is an opioid analgesic, and is in a class of drugs that has a primary indication to relieve symptoms related to pain. Opioid drugs are available in various dosage forms and strengths. They are considered the most powerful class of analgesics that may be used to manage both acute and chronic pain. These medications are generally classified according to potency and duration of dosage duration. The treatment of chronic pain with any opioid analgesic requires review and documentation of pain relief, functional status, appropriate medication use, and side effects. A pain assessment should include current pain, intensity of pain after taking the opiate, and the duration of pain relief. In this case, there is no documentation of the medication's pain relief effectiveness, functional status, or response to ongoing opioid analgesic therapy. In addition, guidelines necessitate documentation that the prescriptions are from a single practitioner and taken as directed. This was not documented in the records. There was also no documentation of the quantity of Morphine ER 30mg BID requested. Medical necessity of the requested item has not been established. Of note,

discontinuation of an opioid analgesic should include a taper, to avoid withdrawal symptoms. The certification of the requested medication is not medically necessary.

Baclofen 10 mg #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CA MTUS (2009), Muscle Relaxants (for pain)/Antispasticity Drugs Page(s): 63, 66. Decision based on Non-MTUS Citation Muscle relaxants

Decision rationale: The California MTUS Guidelines and the ODG recommends non-sedating muscle relaxants, such as Baclofen, with caution as a second-line option for short-term treatment of acute low back pain(LBP), and for short-term (<2 weeks) treatment of acute exacerbations in patients with chronic LBP. The mechanism of action is blockade of the pre- and post-synaptic GABA receptors. It is recommended orally for the treatment of spasticity and muscle spasm related to multiple sclerosis and spinal cord injuries. It is also a first-line option for the treatment of dystonia. Baclofen has been noted to have benefits for treating lancinating, paroxysmal neuropathic pain. In this case, there was documentation that this patient had muscle spasms. However, the duration of Baclofen use far exceeded the guideline criteria (of 2-3 weeks). In addition, it was unclear why two (2) muscle relaxants were necessary. Medical necessity for the requested muscle relaxant has not been established. The requested medication is not medically necessary.

Zanaflex 4 mg #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CA MTUS (2009), Muscle Relaxants (for pain) /Antispasticity/Antispasmodic Drugs Page(s): 63, 6.

Decision rationale: Zanaflex (Tizanidine) is a centrally acting alpha 2-adrenergic agonist that is FDA approved for management of spasticity; unlabeled use for low back pain. It is indicated for the treatment of chronic myofascial pain and considered an adjunct treatment for fibromyalgia. According to CA MTUS Guidelines (2009), muscle relaxants have not been considered any more effective than non-steroidal antiinflammatory drugs (NSAIDs) for pain or overall improvement. There is also no additional benefit shown in combination with NSAIDs. In addition, sedation is the most commonly reported adverse effect of muscle relaxant medications. There is no documentation of functional improvement with use of this medication. In this case, there was documentation that this patient had muscle spasms. However, the duration of Baclofen use far exceeded the guideline criteria. In addition, it was unclear why two (2) muscle relaxants were necessary. Medical necessity for the requested muscle relaxant has not been established. The requested medication is not medically necessary.