

<b>Case Number:</b>	CM15-0112134		
<b>Date Assigned:</b>	06/18/2015	<b>Date of Injury:</b>	10/09/2008
<b>Decision Date:</b>	09/15/2015	<b>UR Denial Date:</b>	06/03/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/10/2015

### 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: Maryland

Certification(s)/Specialty: Internal Medicine, Rheumatology

### 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 60 year old male, who sustained an industrial injury on October 9, 2008. The injured worker was diagnosed as having chronic cervicgia, cervical degenerative disc disease (DDD), radiculitis and discectomy and fusion, psychological factors affecting physical condition, major depressive disorder, insomnia, depression, anxiety and constipation and nausea. Treatment to date has included psychotherapy, medication, medical marijuana, radio frequency ablation and magnetic resonance imaging (MRI). A progress note dated May 14, 2015 provides the injured worker complains of chronic neck pain with radiation to the upper extremities and sleep disturbance due to pain. Physical exam notes cervical tenderness with spasm, decreased range of motion (ROM) and positive Spurling maneuver. The thoracic spine is tender on palpation with spasm. The plan includes Norco, Klonopin, Flexeril, DSS Sodium, Cymbalta, Zantac and Ambien.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10/325mg #180:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines  
Page(s): 74.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 76-85, 88-89.

**Decision rationale:** This 60 year old male has complained of neck pain since date of injury 10/9/08. He has been treated with physical therapy, surgery, radiofrequency ablation and medications to include opioids since at least 04/2015. The current request is for Norco. No treating physician reports adequately assess the patient with respect to function, specific benefit, return to work, signs of abuse or treatment alternatives other than opioids. There is no evidence that the treating physician is prescribing opioids according to the MTUS section cited above which recommends prescribing according to function, with specific functional goals, return to work, random drug testing, opioid contract and documentation of failure of prior non-opioid therapy. On the basis of this lack of documentation and failure to adhere to the MTUS guidelines, Norco is not medically necessary.

**Klonopin 0.5mg #60:** Upheld

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

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

**Decision rationale:** This 60 year old male has complained of neck pain since date of injury 10/9/08. He has been treated with physical therapy, surgery, radiofrequency ablation and medications to include Klonopin since at least 04/2015. The current request is for Klonopin. Per the MTUS guideline cited above, Klonopin is not recommended for long term use in the treatment of chronic pain and is recommended for no longer than 2-4 weeks if used at all. Per the MTUS guideline cited above, Klonopin is therefore not medically necessary in this patient as use of this medication has already exceeded the indicated recommended duration of use.

**Flexeril 10mg #60:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine Page(s): 41-42.

**Decision rationale:** This 60 year old male has complained of neck pain since date of injury 10/9/08. He has been treated with physical therapy, surgery, radiofrequency ablation and medications to include Cyclobenzaprine since at least 04/2015. The current request is for Cyclobenzaprine. Per MTUS guidelines, treatment with cyclobenzaprine should be reserved as a second line agent only and should be used for a short course (2 weeks) only; additionally, the addition of cyclobenzaprine to other agents is not recommended. Per MTUS guidelines, cyclobenzaprine is not medically necessary for this patient.

**Zantac 150mg #60: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation [www.drugs.com/zantac](http://www.drugs.com/zantac).

**Decision rationale:** This 60 year old male has complained of neck pain since date of injury 10/9/08. He has been treated with physical therapy, surgery, radiofrequency ablation and medications. The current request is for Zantac. Zantac is a medication used to treat symptoms of heartburn and gastroesophageal reflux related disease. There is no documentation in the available medical records of medical rationale regarding the necessity use of this medication. On the basis of the above cited medical treatment guideline and the available provider documentation, Zantac is not medically necessary in this patient.

**Ambien 10mg #60: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation [www.drugs.com/ambien](http://www.drugs.com/ambien).

**Decision rationale:** This 60 year old male has complained of neck pain since date of injury 10/9/08. He has been treated with physical therapy, surgery, radiofrequency ablation and medications. The current request is for Ambien. Zolpidem (Ambien) is recommended for the short term treatment of insomnia. There is insufficient documentation in the available medical records regarding the patient's sleep disturbance such as duration of disturbance, response to sleep hygiene interventions, sleep onset and quality as well as documentation regarding justification for use of this medication. On the basis of the available medical documentation, Ambien is not medically necessary in this patient.