

Case Number:	CM15-0124286		
Date Assigned:	07/28/2015	Date of Injury:	05/25/1994
Decision Date:	09/01/2015	UR Denial Date:	06/17/2015
Priority:	Standard	Application Received:	06/26/2015

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: Pediatrics, 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 injured worker is a 59 year old male, who sustained an industrial injury on May 25, 1994. The injured worker's initial complaints and diagnoses are not included in the provided documentation. The injured worker was diagnosed as having chronic neck and low back pain. Diagnostic studies were not included in the provided medical records. Treatment to date has included massage therapy and medications including opioid analgesic, muscle relaxant, and sleep-inducing. There were no noted previous injuries or dates of injury, and no noted comorbidities. On June 2, 2015, the injured worker presented for follow-up of neck, upper extremity, and low back pain. His pain is rated: 9/10 without medications and 6/10 with medications. He uses 1-2 tablets per day of Ultracet, which helps him to remain active. He uses Ambien as needed basis, which helps with his sleep. He uses Zanaflex on an as needed basis for muscle spasms. He uses Xanax on an as needed basis for panic attacks. The physical exam revealed the injured worker had difficulty rising from a seated position, dig decreased lumbar extension, and decreased range of motion of the bilateral shoulders. Work status was described as being seen under future care. The treatment plan includes continuing the Ultracet, Ambien, Xanax, and Zanaflex.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ultracet 37.5/325mg, b.i.d., quantity: 60 for a 1 month supply, refills: not specified: Upheld

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 Opioids Page(s): 74-96.

Decision rationale: The long term usage of opioid therapy is discouraged by the California Medical Treatment Utilization Schedule (CMTUS) guidelines unless there is evidence of "ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life." In addition, the CMTUS guidelines details indications for discontinuing opioid medication, such as serious non-adherence or diversion. There was lack of physician documentation of least reported pain over the period since last assessment, average pain, and the intensity of pain after taking the opioid, how long it takes for pain relief, how long pain relief lasts, improvement in pain, and improvement in function. There was lack of evidence of risk assessment profile, attempt at weaning/tapering, ongoing efficacy, and the lack of objective evidence of functional benefit obtained from the opioid medication. There was a lack of documentation of a recent urine drug screen to support compliance of treatment with Ultracet, which would be necessary for continued usage. Therefore, the Ultracet is not medically necessary.

Ambien 5 mg, q.h.s., quantity: 30, refills: not specified: 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 Official Disability Guidelines (ODG) Pain (Chronic): Zolpidem (Ambien®) and Insomnia treatment.

Decision rationale: The California Medical Treatment Utilization Schedule (CMTUS) guidelines are silent on this request. The Official Disability Guidelines (ODG) guidelines recommend Zolpidem (Ambien and Ambien CR) for short-term (7-10 days) treatment of insomnia with difficulty of sleep onset and/or sleep maintenance. Per ODG pharmacological agents for insomnia should only be used after careful evaluation of potential causes of sleep disturbance for the etiology. Sleeping pills can be habit-forming, and they may impair function and memory, and may increase pain and depression over the long-term. The medical records show injured worker has been taking since at least December 2014, which exceeds the guideline recommendations. Therefore, the request for Ambien is not medically necessary.

Xanax 0.5 mg b.i.d., quantity: 60, refills: not specified: Upheld

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 Benzodiazepines Page(s): 24. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic): Xanax® (Alprazolam).

Decision rationale: Per the California Medical Treatment Utilization Schedule (CMTUS) guidelines, benzodiazepines are recommended for short-term use due to long-term efficacy is unproven and there is a risk of dependence. Benzodiazepines are limited to 4 weeks use by most guidelines. Benzodiazepines have sedative/hypnotic, anxiolytic, anticonvulsant, and muscle relaxant effects. The tolerance to the anxiolytic effects occurs within months and long-term use may actually increase anxiety. "A more appropriate treatment for anxiety disorder is an antidepressant". The Official Disability Guidelines (ODG) does not recommend the benzodiazepine Xanax for long-term use. Xanax is used to treat moderate to severe anxiety disorders, panic attacks, and as an adjunctive treatment for anxiety associated with major depression. The medical records show injured worker has been taking Xanax as needed for panic attacks since at least December 2014, which exceeds the guideline recommendations. Therefore, the request for Xanax is not medically necessary.

Zanaflex 4 mg, q.i.d, quantity: 120 for a 1 month supply, refills: not specified: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 299, 308, Chronic Pain Treatment Guidelines Muscle Relaxants (for pain) Page(s): 63-66.

Decision rationale: Per the California Medical Treatment Utilization Schedule (CMTUS) guidelines, non-sedating muscle relaxants are recommended with caution as a "second-line option for short-term treatment of acute exacerbations in patients with chronic low back pain". The efficacy of muscle relaxants appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. The ACOEM (American College of Occupational and Environmental Medicine) guidelines recommend muscle relaxants for the short-term treatment of acute spasms of the low back. Per the CMTUS, Tizanidine (Zanaflex) is approved by the Food and Drug Administration (FDA) for management of spasticity and has an unlabeled use for low back pain. There was lack of documentation of acute muscle spasms of the low back. The medical records show that the injured worker has been taking Zanaflex as needed for low back spasms since at least December 2014, which significantly exceeds the short-term treatment recommended by the guidelines. Therefore, the Zanaflex is not medically necessary.