

Case Number:	CM15-0144357		
Date Assigned:	09/01/2015	Date of Injury:	02/11/2004
Decision Date:	10/06/2015	UR Denial Date:	07/01/2015
Priority:	Standard	Application Received:	07/24/2015

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:

This is a 55-year-old female with a February 11, 2004 date of injury. A progress note dated May 29, 2015 documents subjective complaints (cervical spine, thoracic spine, and lumbar spine pain rated at a level of 5 to 6 out of 10), objective findings (in significant distress associated with pain; severe tenderness to palpation with spasms over the paracervical musculature and suboccipital region and over the trapezius muscles; decreased range of motion of the cervical spine; diffused decreased sensation along the C4 through T1 dermatomes bilaterally; decreased strength of the bilateral upper extremities; tenderness and spasm over the lumbar paraspinal muscles; positive straight leg raise bilaterally; decreased range of motion of the lumbar spine; decreased sensation along the bilateral L4 and L5 dermatomes; decreased strength of the left lower extremity), and current diagnoses (greater occipital neuralgia; trigger point in the rhomboid muscle; lumbar discopathy; lumbar radiculopathy; lumbar facet syndrome; sacroiliac joint arthropathy; cervical discopathy; bilateral shoulder impingement syndrome; probable left wrist carpal tunnel syndrome; anxiety; insomnia). Treatments to date have included epidural steroid injection with 50% decreased pain, radicular symptoms, and numbness and tingling, medications, and imaging studies. The medical record indicates that medications help control the pain. The treating physician documented a plan of care that included Ambien 10mg #30, Xanax 0.5mg #60, and a urine drug screen.

IMR ISSUES, DECISIONS AND RATIONALES

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

One (1) prescription for Ambien 10mg #30: 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 (Chronic), Zolpidem (Ambien).

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) Chapter, under Zolpidem (Ambien).

Decision rationale: The patient presents with cervical spine, thoracic spine, and lumbar spine pain rated 5-6/10. The request is for one (1) prescription for Ambien 10mg #30. The request for authorization is dated 06/17/15. MRI of the cervical spine, 02/06/15, shows Grade I compression deformity of C5 vertebra; disc desiccation throughout the entire cervical disc spaces. Physical examination of the cervical spine reveals severe tenderness to palpation with spasms over the paracervical musculature and suboccipital region, over the trapezius muscles. Exam of lumbar spine reveals tenderness and spasm noted over the paraspinal muscles. Patient underwent a left C5-C6 transfacet epidural steroid injection and reports 50% improvement. She has been taking her medication regularly and tolerates them well. She states that her medications are helping with her pain. Patient's medications include Norco, Ambien, Elavil, Fioricet, and Xanax. Per progress report dated 07/30/15, the patient is permanent and stationary per AME.ODG-TWC, Pain (Chronic) Chapter, Zolpidem (Ambien) Section states: "Zolpidem is a prescription short-acting non-benzodiazepine hypnotic, which is recommended for short-term (7-10 days) treatment of insomnia. Proper sleep hygiene is critical to the individual with chronic pain and often is hard to obtain. Various medications may provide short-term benefit. While sleeping pills, so-called minor tranquilizers, and anti-anxiety agents are commonly prescribed in chronic pain, pain specialists rarely, if ever, recommend them 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. (Feinberg, 2008)" Treater does not specifically discuss this medication. Patient has been prescribed Ambien since at least 12/29/14. ODG recommends Ambien for only short-term use (7-10 days), due to negative side effect profile. In this case, the request for Ambien #30 exceeds ODG recommendation and does not indicate intended short-term use of this medication. Therefore, the request is not medically necessary.

One (1) prescription for Xanax 0.5mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Benzodiazepines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic) Chapter, under Xanax (Alprazolam).

Decision rationale: The patient presents with cervical spine, thoracic spine, and lumbar spine pain rated 5-6/10. The request is for one (1) prescription for Xanax 0.5mg #60. The request for authorization is dated 06/17/15. MRI of the cervical spine, 02/06/15, shows Grade I compression deformity of C5 vertebra; disc desiccation throughout the entire cervical disc spaces. Physical examination of the cervical spine reveals severe tenderness to palpation with spasms over the paracervical musculature and suboccipital region, over the trapezius muscles. Exam of lumbar spine reveals tenderness and spasm noted over the paraspinal muscles. Patient underwent a left C5-C6 transfacet epidural steroid injection and reports 50% improvement. She has been taking her medication regularly and tolerates them well. She states that her medications are helping with her pain. Patient's medications include Norco, Ambien, Elavil, Fioricet, and Xanax. Per progress report dated 07/30/15, the patient is permanent and stationary per AME.MTUS, Benzodiazepines Section, page 24 states, "Not recommended for long-term use because long-term efficacies are unproven and there is a risk of dependence."ODG Guidelines, Pain (Chronic) Chapter, under Xanax (Alprazolam) states: "Not recommended for long-term use. See Alprazolam; & Benzodiazepines. Alprazolam, also known under the trade name Xanax and available generically, is a short-acting drug of the benzodiazepine class used to treat moderate to severe anxiety disorders, panic attacks, and as an adjunctive treatment for anxiety associated with major depression." Treater does not specifically discuss this medication. MTUS only recommends short-term use (no more than 4 weeks) for benzodiazepines. However, this patient has been prescribed Xanax since at least 02/27/15. This request for additional Xanax #60 would exceed guidelines recommendation and does not indicate intended short-term use of this medication. Therefore, the request is not medically necessary.

One 1) urine drug screen: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Drug testing. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic) Chapter, under Urine drug testing (UDT).

Decision rationale: The patient presents with cervical spine, thoracic spine, and lumbar spine pain rated 5-6/10. The request is for one 1) urine drug screen. The request for authorization is dated 06/17/15. MRI of the cervical spine, 02/06/15, shows Grade I compression deformity of C5 vertebra; disc desiccation throughout the entire cervical disc spaces. Physical examination of the cervical spine reveals severe tenderness to palpation with spasms over the paracervical musculature and suboccipital region, over the trapezius muscles. Exam of lumbar spine reveals tenderness and spasm noted over the paraspinal muscles. Patient underwent a left C5-C6 transfacet epidural steroid injection and reports 50% improvement. She has been taking her medication regularly and tolerates them well. She states that her medications are helping with her pain. Patient's medications include Norco, Ambien, Elavil, Fioricet, and Xanax. Per progress report dated 07/30/15, the patient is permanent and stationary per AME. While MTUS Guidelines do not specifically address how frequent UDS should be considered for various risks of opiate users, ODG-TWC Guidelines, Pain (Chronic) Chapter, under Urine drug testing (UDT) Section, provide clear recommendation. It recommends once yearly urine drug screen following initial screening, with the first 6 months for management of chronic opiate use in low-risk patients. Per progress report dated 05/29/15, treater's reason for the request is "According to Opioid Risk Assessment with SOAPP-R method, her score is higher than 19 that

indicate she is at high risk for narcotic abuse, misuse and dependency." In this case, the patient is prescribed Norco, which is an opioid pain medication. ODG recommends once yearly urine drug screen for management of chronic opiate use in low-risk patients. Therefore, the request is medically necessary.