

<b>Case Number:</b>	CM15-0179673		
<b>Date Assigned:</b>	09/21/2015	<b>Date of Injury:</b>	12/04/2009
<b>Decision Date:</b>	11/13/2015	<b>UR Denial Date:</b>	08/07/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/11/2015

### 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: Emergency 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 41 year old male who sustained an industrial injury on 12/04/09. A review of the medical records reveals the injured worker is undergoing treatment for chronic right shoulder pain and myofascial pain right shoulder. Medical records (07-27-15) reveal the injured worker complains of pain rated at 9/10 with medications and 10/10 without medications. On 04-06-15 the injured worker complained of pain rated at 7/10 with medications and 10/10 without medications. The physical exam (04-06-15, 07-27-15) reveals "almost full range of motion with the right shoulder." Treatment has included medications and 3 right shoulder surgeries. The original utilization review (08-07-15) non-certified the requests for Zanaflex 4 mg #60, and retroactive requests for Norco 10/325 #120, Ambien 10 mg #30, and Zanaflex 4 mg #60. The submitted documentation supports the injured worker has been on these medications at the same dosages since at least 02-09-15.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Zanaflex 4 mg #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): Muscle relaxants (for pain).

**Decision rationale:** The request is for the use of a muscle relaxant to aid in pain relief. The MTUS guidelines state that the use of a medication in this class is indicated as a second-line option for short-term treatment of acute exacerbations of low back pain. Muscle relaxants may be effective in reducing pain and muscle tension, which can increase mobility. However, in most LBP cases, they show no benefit beyond NSAIDs in pain improvement. Efficacy appears to diminish over time, and prolonged use may lead to dependence. (Homik, 2004) Due to inadequate documentation of a recent acute exacerbation and poor effectiveness for chronic long-term use, the request is not medically necessary.

**Retro Norco 10/325 mg #120:** 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): Opioids, criteria for use.

**Decision rationale:** The request is for the use of a medication in the opioid class. The MTUS guidelines state that for ongoing treatment with a pharmaceutical in this class, certain requirements are necessary. This includes not only adequate pain control, but also functional improvement. Four domains have been proposed for management of patients on opioids. This includes pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant drug-related behaviors. In this case, there is inadequate documentation of persistent functional improvement seen. As such, the request is not medically necessary. All opioid medications should be titrated down slowly in order to prevent a significant withdrawal syndrome.

**Retro Ambien 10 mg #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).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental (stress) / Zolpidem (Ambien).

**Decision rationale:** The request is for the use of zolpidem. The official disability guidelines state the following regarding the use of this medication: Not recommended for long-term use, but recommended for short-term use. See Insomnia treatment for zolpidem (brand names Ambien, Edluar, Intermezzo, Zolpimist). See also the Pain Chapter. Zolpidem is approved for the short-term (usually two to six weeks) treatment of insomnia. 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. Ambien CR offers no significant clinical advantage over regular release zolpidem, and Ambien CR causes a greater frequency of dizziness, drowsiness, and headache compared to immediate release zolpidem. Due to adverse effects, FDA now requires lower doses for zolpidem. The ER product is still more risky than IR. Even at the

lower dose of Ambien CR now recommended by the FDA, 15% of women and 5% of men still had high levels of the drug in their system in the morning. (Pain Chapter) Emergency department (ED) visits for adverse reactions related to zolpidem increased by almost 220% in a recent 5-year period, according to the Substance Abuse and Mental Health Services Administration (SAMHSA). Women and the elderly appear to be most prone to adverse reactions linked to zolpidem. Doctors should look at alternative strategies for treating insomnia such as sleep hygiene. By 2010 there were 64,175 ED visits involving zolpidem. The report stresses that zolpidem should be used safely for only a short period of time. (SAMHSA, 2013) Zolpidem (Ambien) increases the ability to remember images, but only those that have negative or highly arousing content. The findings have potential ramifications for patients prescribed zolpidem for relief of insomnia due to anxiety disorders, including posttraumatic stress disorder (PTSD). Physicians should watch out for this counter-therapeutic effect in patients with anxiety disorders and PTSD, because these are people who already have heightened memory for negative and high-arousal memories. The study also identified sleep spindles as the mechanism that enables the brain to consolidate emotional memory. Sleep spindles are brief bursts of brain activity that occur primarily during non-rapid eye movement (REM) sleep. (Kaestner, 2013) New analysis from SAMHSA shows that overmedicating with zolpidem led to a near doubling of emergency department (ED) visits during the periods 2005-2006 and 2009-2010. (SAMHSA, 2014) In this case, zolpidem is not medically necessary. This is secondary to the prolonged duration of use. As such, the request is not certified.

**Retro Zanaflex 4 mg #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): Muscle relaxants (for pain).

**Decision rationale:** The request is for the use of a muscle relaxant to aid in pain relief. The MTUS guidelines state that the use of a medication in this class is indicated as a second-line option for short-term treatment of acute exacerbations of low back pain. Muscle relaxants may be effective in reducing pain and muscle tension, which can increase mobility. However, in most LBP cases, they show no benefit beyond NSAIDs in pain improvement. Efficacy appears to diminish over time, and prolonged use may lead to dependence. (Homik, 2004) Due to inadequate documentation of a recent acute exacerbation and poor effectiveness for chronic long-term use, the request is not medically necessary.