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| Case Number: | CM15-0048832 | | |
| Date Assigned: | 03/20/2015 | Date of Injury: | 08/17/2004 |
| Decision Date: | 05/13/2015 | UR Denial Date: | 03/05/2015 |
| Priority: | Standard | Application Received: | 03/16/2015 |

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: Preventive Medicine, Occupational Medicine, Public Health & General Preventive 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 43-year-old male who reported an injury on 08/17/2004. His diagnoses include chronic neck pain, chronic right shoulder pain, mild traumatic brain injury with post concussive headaches, depression and bilateral carpal tunnel syndrome. His mechanism of injury was not included. The injured worker was seen on 02/18/2015 and stated he had been sick for the last 3 weeks with a cold and stomach virus. He had been vomiting and having diarrhea. He had complaints of ongoing neck and bilateral upper extremity pain. He stated his current pain was at a 6/10, the average pain over the last month was an 8/10 and at worst 10/10. The best pain level he had with medications was a 4/10. Ultracet was providing 4 hours of pain relief, Ambien CR had helped significantly with sleep. The injured worker stated he was able to get a good 8 hours of sleep with the use of Ambien CR. His past treatments have included acupuncture and pain medication. The treatment plan included continuing pain medications, obtain a urine drug screen and follow-up in 3 months.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ambien CR 12.5 mg, thirty count with three refills: 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) Pain, Zolpidem (Ambien).

Decision rationale: The Official Disability Guidelines state that Ambien is a prescription short acting non-benzodiazepine hypnotic, which is recommended for short term, 7 to 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. Ambien CR offers no significant clinical advantage over regular release Ambien. Ambien CR is approved for chronic use, but chronic use of hypnotics is generally discouraged as outlined in insomnia treatment. This medication is recommended for weaning. Therefore, as the guidelines do not recommend prolonged use of Ambien or Ambien CR, the request is not medically necessary.

Ultracet 37.5/325 mg, 300 count: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opioids, ongoing management Page(s): 78.

Decision rationale: The California MTUS Guidelines state there are 4 domains that have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids. Those domains include pain relief, side effects, physical and psychosocial function and the occurrence of any potentially aberrant drug related behaviors. While there was documentation regarding pain assessment and side effects, there is a lack of documentation regarding physical and psychosocial functioning as in objective functional improvement with activities of daily living and a lack of documentation regarding current urine drug screen results. The request does not contain dosing instructions. Therefore, the request for Ultracet 37.5/325 mg 300 count is not medically necessary.

Zanaflex 4 mg, ninety count: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 66.

Decision rationale: The California MTUS Guidelines state that Zanaflex is a centrally acting alpha adrenergic agonist that is FDA approved for management of spasticity; unlabeled used for low back pain. Muscle relaxants are recommended as a second line option for short-term treatment of exacerbations in patient with chronic low back pain. Muscle relaxants may be effective in reducing pain and muscle tension and increasing mobility. However, in most low back pain cases, they show no benefit beyond NSAIDs in pain and overall improvement. The request does not include dosing information. As there is a lack of documentation of first line option trial and failure and the guidelines recommend muscle relaxants for short-term use, the request for Zanaflex 4 mg 90 count is not medically necessary.

Zoloft 50 mg, ninety count: 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: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for chronic pain Page(s): 13-16.

Decision rationale: The California MTUS Guidelines state that antidepressants for chronic pain are recommended as a first line option for neuropathic pain and as a possibility for non-neuropathic pain. Zoloft is in a group of drugs called selective serotonin reuptake inhibitors. The California MTUS Guidelines state that tricyclic antidepressants have demonstrated a small to moderate effect on chronic low back pain, but the effect on function is unclear. SSRIs, which is Zoloft, have not been shown to be effective for low back pain. The request does not include dosing instruction. As the guidelines indicate that SSRIs do not appear to be beneficial for low back pain, the request for Zoloft 50 mg 90 count is not medically necessary.