

<b>Case Number:</b>	CM15-0068857		
<b>Date Assigned:</b>	04/16/2015	<b>Date of Injury:</b>	01/17/2005
<b>Decision Date:</b>	05/20/2015	<b>UR Denial Date:</b>	03/26/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/10/2015

### 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: Pennsylvania  
 Certification(s)/Specialty: 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:

This 67-year-old man sustained an industrial injury on 1/17/2005. Diagnoses include disorder of the back, disorder of the trunk, low back pain, lumbar post-laminectomy syndrome, and lumbosacral radiculitis. Treatment has included oral medications and surgical intervention. The medications currently under review including norco, ambien, and zanaflex, were noted to be prescribed from at least September 2014 to February 2015, with records noting that these were entered in October 2013. At a visit on 9/18/14, the injured worker reported increasing pain in the low back radiating down the left lower extremity, with frequent muscle spasms. The treating physician documented that medications assist in the injured worker's mobility, activities of daily living (ADLs), and restorative sleep. Medications at that visit include ambien, norco, and zanaflex. Examination showed normal motor strength in the lower extremities, absent right knee reflex and normal left knee reflex, decreased sensation on the sole of the foot and posterior leg (S1), with negative special tests. It was noted that the injured worker had a signed pain management agreement and that random urine drug testing was routinely performed. A urine drug screen on 9/18/14, the date of the office visit, was negative for hydrocodone and zolpidem. At a visit on 11/13/14 with a pain management physician, the physician documented that the injured worker was not taking his medications on a regular basis and that this accounted for the urine drug screens being negative at times. The physician also documented that the injured worker was taking norco and zanaflex once or twice per day, and that he tries to avoid ambien on the weekends. Examination showed deep tendon reflexes to be 2-/2 in both knees and ankles, with decreased sensation in the right L5 distribution involving the anterior thigh and leg, with

positive straight leg raise on the right. A recent MRI was noted to show disc protrusions at L3-4, L4-5 and L5-S1. A urine drug screen on 12/12/14, the date of an office visit, was positive for ethyl glucuronide, which was noted to be indicative of alcohol consumption, and negative for hydrocodone and zolpidem. Physician notes dated 2/19/2015 show complaints of chronic back pain with muscle spasms and radiation down the left leg. The physician documented that medications reduce pain levels by 60%. Examination showed normal motor strength in the lower extremities, absent right knee reflex, and decreased sensation on the sole of the right foot and posterior right leg. Work status was not noted. Recommendations include electromyogram/nerve conduction studies of the bilateral lower extremities, lumbar spine MRI, Zanaflex, Zolpidem, and Norco. On 3/26/15, Utilization Review (UR) non-certified requests for zolpidem, norco, zanaflex, EMG/NCV of the bilateral lower extremities, and MRI of the lumbar spine, citing the MTUS, ACOEM, and ODG.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **Zolpidem 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 Pain Procedure Summary.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) chronic pain chapter: insomnia treatment, Ambien.

**Decision rationale:** This injured worker has chronic back pain, and has been prescribed ambien for at least five months and possibly more than one year. The MTUS does not address the use of hypnotics other than benzodiazepines. No physician reports describe the specific criteria for a sleep disorder. Treatment of a sleep disorder, including prescribing hypnotics, should not be initiated without a careful diagnosis. There is no evidence of that in this case. For the treatment of insomnia, pharmacologic agents should only be used after careful evaluation of potential causes of sleep disturbance. Specific components of insomnia should be addressed. There was no documentation of evaluation of sleep disturbance in the injured worker, and components insomnia were not addressed. The treating physician has not addressed major issues affecting sleep in this patient, including the use of other psychoactive agents like opioids, which significantly impair sleep architecture, and depression. Ambien (Zolpidem) is a prescription short-acting non-benzodiazepine hypnotic, which is recommended for short-term (7-10 days) treatment of insomnia; it is not recommended for long-term use. It may be habit-forming and may impair function and memory, and there is a concern that it may increase pain and depression over the long term. It is recommended for short term use only. The Official Disability Guidelines citation recommends short term use of zolpidem, a careful analysis of the sleep disorder, and caution against using zolpidem in the elderly. Due to length of use not in accordance with the guidelines and lack of evaluation for sleep disturbance, the request for zolpidem is not medically necessary.

**Norco 5mg #30:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines opioids Page(s): 74-96.

**Decision rationale:** This injured worker has been prescribed Norco for at least 5 months and possibly for more than one year. There is insufficient evidence that the treating physician is prescribing opioids according to the MTUS, which recommends prescribing according to function, with specific functional goals, return to work, random drug testing, and opioid contract. There should be a prior failure of non-opioid therapy. There was no documentation of functional goals, work status was not addressed, and drug testing was performed at office visits rather than randomly as recommended by the guidelines. This injured worker has chronic back pain. Per the MTUS, opioids are minimally indicated, if at all, for chronic non-specific pain, osteoarthritis, mechanical and compressive etiologies, and chronic back pain. Ongoing management should reflect four domains of monitoring, including analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behaviors. The documentation does not reflect improvement in pain. The physician documented that medications as a group assisted in the injured worker's activities of daily living, but specific activities were not discussed. Change in activities of daily living and screening for aberrant drug-taking behaviors were not documented. Two urine drug screens were negative for two of the prescribed medications. One of the treating physicians noted both that the injured worker did not regularly take Norco, and that he took the medication once or twice a day. One of the urine drug screens was consistent with alcohol use. Concurrent use of alcohol or other illicit drugs is considered adverse behavior. Immediate discontinuation of opioids has been suggested for use of illicit drugs and/or alcohol. The urine drug screens to date have not been performed according to sufficiently rigorous quality criteria, and the results that are available reflect patient behavior not consistent with that, which is expected for a continuation of chronic opioid therapy. As currently prescribed, Norco does not meet the criteria for long term opioids as elaborated in the MTUS and is therefore not medically necessary.

**Zanaflex 2mg #50:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants. Decision based on Non-MTUS Citation Official Disability Guidelines Pain Procedure Summary.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines muscle relaxants Page(s): 63-66.

**Decision rationale:** The MTUS for chronic pain does not recommend muscle relaxants for chronic pain. Non-sedating muscle relaxants are an option for short-term exacerbations of chronic low back pain/chronic musculoskeletal pain. The muscle relaxant prescribed in this case is sedating. The injured worker has chronic pain with no evidence of prescribing for flare-ups. The quantity prescribed implies long-term use, not for a short period of use for acute pain. This

injured worker has been prescribed zanaflex for at least 5 months and possibly for more than one year. No reports show any specific and significant improvement in pain or function as a result of prescribing muscle relaxants. Work status was not addressed. Tizanidine (Zanaflex) is FDA approved for management of spasticity and unlabeled for use for low back pain. Side effects include somnolence, dizziness, dry mouth, hypotension, weakness, and hepatotoxicity. Liver function tests should be monitored. It should be used with caution in renal impairment and avoided in hepatic impairment. There was no documentation of monitoring of liver tests. Due to length of use not in accordance with the guidelines, lack of functional improvement, and potential for toxicity, the request for zanaflex is not medically necessary.

**Lumbar spine MRI:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305, 309, Acupuncture Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) low back chapter: MRI.

**Decision rationale:** This injured worker has chronic back pain and a history of prior lumbar spine surgery with post-laminectomy syndrome. Examination by two physicians was discrepant, with one documenting normal and equal knee reflexes and decreased sensation in the right L5 dermatome, and the other documenting absent right knee reflex and decreased sensation in the right S1 dermatome. Plan for surgery was not discussed. A recent MRI of the lumbar spine was noted to show disc protrusions at multiple levels, but the date and complete results of this test were not submitted. The ACOEM guidelines state that unequivocal objective findings that identify specific nerve compromise on the neurologic examination are sufficient to warrant imaging in patients who do not respond to treatment and who would consider surgery as an option. When the neurologic examination is less clear, further physiologic evidence of nerve dysfunction, such as electromyography, should be obtained before ordering an imaging study. Imaging studies should be reserved for cases in which surgery is considered or red-flag diagnoses are being evaluated. Magnetic resonance imaging (MRI) is the test of choice for patients with prior back surgery. Computed tomography or MRI are recommended when cauda equina, tumor, infection, or fracture are strongly suspected and plain film radiographs are negative. The ODG states that repeat MRI is indicated when there is significant change in symptoms and/or findings suggestive of significant pathology such as tumor, infection, fracture, neurocompression, or recurrent disc herniation. In this case, no red flag signs were discussed. No recent electrodiagnostic testing was discussed. An MRI of the lumbar spine was noted to have been performed recently. MRI of the lumbar spine is not indicated in light of the paucity of clinical findings suggesting any serious pathology; increased or ongoing pain, with or without radiation, is not in itself indication for MRI. Due to lack of findings suggestive of serious pathology, and the fact that an MRI of the lumbar spine was noted to have been recently performed without documentation of interval re-injury or change in findings, the request for MRI of the lumbar spine is not medically necessary.

**EMG/NCV of the bilateral lower extremities:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines Low Back Procedure Summary.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-304, 309. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) low back chapter: EMGs (electromyography), nerve conduction studies.

**Decision rationale:** The ACOEM states that electromyography (EMG) may be useful to identify subtle, focal neurologic dysfunction in patients with low back symptoms lasting more than three or four weeks. The ODG states that EMG may be useful to obtain unequivocal evidence of radiculopathy after one month of conservative therapy, but that EMGs are not necessary if radiculopathy is already clinically obvious. The ODG states that nerve conduction studies are not recommended, as there is minimal justification for performing nerve conduction studies when a patient is presumed to have symptoms on the basis of radiculopathy. In this case, the injured worker has chronic low back pain, with history of prior lumbar spine surgery. Recent neurologic examinations by two different physicians are discrepant, with one documenting normal and equal knee reflexes and decreased sensation in the right L5 dermatome, and the other documenting absent right knee reflex and decreased sensation in the right S1 dermatome, and the injured worker was noted to report pain radiating down the left lower extremity, not the right. Recent MRI of the lumbar spine was noted to show disc protrusions at multiple levels. As such, the request for EMG would be indicated for clarification, however the guidelines do not recommend use of nerve conduction velocity (NCV) studies. Due to lack of recommendation for lower extremity NCV studies, the request for EMG/NCV of the bilateral lower extremities is not medically necessary.