

Case Number:	CM15-0068867		
Date Assigned:	04/16/2015	Date of Injury:	01/17/2005
Decision Date:	06/29/2015	UR Denial Date:	03/23/2015
Priority:	Standard	Application Received:	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: California

Certification(s)/Specialty: Preventive Medicine, Occupational 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 67 year old male who sustained an industrial injury on 1/17/05 involving his back when he lifted a 50 pound object and as he twisted to the side noted a sharp pain in the low back. He had x-rays of the low back and received medications. The back pain did not improve but he continued to work and self-modified his work activities. He had a slip and fall 11/1/05 and this significantly increased his low back pain. He has had three work injuries to his back, the last two, 1/17/05 and 11/1/05. He had back surgery in 1997 after his first injury. He currently complains of low back muscle spasms and pain radiating down the left lower extremity and cramping in the right calf. He suffers from migraine headaches. His activities of daily living are limited without medications. Medications reduce his back pain by 60%. Medications are Norco, Advil, Aleve, Ambien, Excedrin Migraine, trazadone, zanaflex, zolpidem, Zomig. Laboratory evaluation to determine level of prescription medications was done 9/18/14 and Norco was negative. The injured worker said he purposefully stops the medication a day or so prior to his visit so that the provider can see what he goes through without medication. Diagnoses include disorder of the back, status post lumbar disc surgery at L4-5; lumbar post laminectomy syndrome; lumbosacral radiculitis lumbar disc protrusion; disorder of the trunk; chronic low back pain and bilateral lower extremity pain (worse on the right and was previously worse on the left); depression. Treatments to date include medications, psychiatric evaluation. Diagnostics include MRI lumbar spine (4/12/11) with disc protrusion; x-rays of the thoracic, lumbosacral spine, pelvis were unremarkable. In the progress note dated 3/19/15 the treating provider's plan of care requests authorization for Norco which he uses no more than twice per

week for pain, Zanaflex for muscle relaxation and Ambien for sleep. These medications assist with activities of daily living, functionality, restorative sleep and overall quality of life. In addition, for documentation, updated electromyography/ nerve conduction studies were requested of bilateral lower extremities.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 5/325mg #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 Section Weaning of Medications Section Page(s): 74-95, 124.

Decision rationale: The MTUS Guidelines do not recommend the use of opioid pain medications, in general, for the management of chronic pain. There is guidance for the rare instance where opioids are needed in maintenance therapy, but the emphasis should remain on non-opioid pain medications and active therapy. Long-term use may be appropriate if the patient is showing measurable functional improvement and reduction in pain in the absence of non-compliance. Functional improvement is defined by either significant improvement in activities of daily living or a reduction in work restriction as measured during the history and physical exam. The injured worker had been taking Norco for some time without objective, measurable gains in function or significant decrease in pain levels. Weaning has been recommended in past reviews. It is not recommended to discontinue opioid treatment abruptly, as weaning of medications is necessary to avoid withdrawal symptoms when opioids have been used chronically. This request however is not for a weaning treatment, but to continue treatment. The request for Norco 5/325mg #30 is determined to not be medically necessary.

Zanaflex 2mg #50: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants (for pain) Section Page(s): 63-66.

Decision rationale: Per MTUS guidelines, Zanaflex is FDA approved for the management of spasticity. The use of muscle relaxants for pain is recommended with caution as a second-line option for short-term treatment of acute exacerbation in patients with chronic low back pain. There is some support for using Zanaflex in the treatment of myofascial pain syndrome and as an adjunct treatment for fibromyalgia. The injured worker had been taking Zanaflex for an extended period which is not recommended per the guidelines. Additionally, there is no evidence of significant functional gains while using the medication. The request for Zanaflex 2mg #50 is determined to not be medically necessary.

Ambien 10mg #30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG-TWC.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter/Insomnia Section.

Decision rationale: The MTUS Guidelines do not address the use of zolpidem. Per the Official Disability Guidelines, pharmacological agents should only be used for insomnia management after careful evaluation of potential causes of sleep disturbance. Failure of sleep disturbance to resolve in a 7 to 10 day period may indicate a psychiatric and/or medical illness. Primary insomnia is generally addressed pharmacologically whereas secondary insomnia may be treated with pharmacological and/or psychological measures. Zolpidem reduces sleep latency and is indicated for the short-term treatment (7-10 days) of insomnia with difficulty of sleep onset and/or sleep maintenance. Adults who use zolpidem have a greater than 3-fold increased risk for early death. Due to adverse effects, FDA now requires lower doses for zolpidem. The dose for women should be reduced from 10 mg to 5 mg for immediate release products and from 12.5 mg to 6.25 mg for extended release products. The medical records do not address the timeline of the insomnia or evaluation for the causes of the insomnia. The medical records do not indicate that non-pharmacological modalities such as cognitive behavioral therapy or addressing sleep hygiene practices prior to utilizing a pharmacological sleep aid. The request for Ambien 10mg #30 is determined to not be medically necessary.

EMG/NCV Of The Bilateral Lower Extremities: 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. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter/Nerve Conduction Studies(NCS) Section.

Decision rationale: Per the MTUS Guidelines, EMG may be useful to identify subtle, focal neurologic dysfunction in patients with low back symptoms lasting more than three or four weeks. The MTUS Guidelines do not specifically address nerve conduction studies of the lower extremities. Per the ODG, nerve conduction studies are not recommended because there is minimal justification of performing nerve conduction studies when a patient is presumed to have symptoms on the basis of radiculopathy. The requesting physician does not provide explanation of why EMG/NCV would be necessary for this injured worker, who already has identified pathology. The request for EMG/NCV of the bilateral lower extremities is determined to not be medically necessary.