

Case Number:	CM15-0075180		
Date Assigned:	04/27/2015	Date of Injury:	07/09/2003
Decision Date:	07/02/2015	UR Denial Date:	04/07/2015
Priority:	Standard	Application Received:	04/20/2015

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: 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:

The injured worker is a 68-year-old female, who sustained an industrial injury on 7/9/03. She reported pain in her neck and lower back. The injured worker was diagnosed as having cervical post laminectomy syndrome, lumbar degeneration and chronic pain syndrome. Treatment to date has included shoulder cortisone injection and opioid medications. On 12/4/14, the injured worker rated her pain 2/10 with medications and 10/10 without medications. As of the PR2 dated 3/30/15, the injured worker reports trazodone makes her forgetful; Ambien is better and helps her sleep. She also noted having muscle aches and joint pain. She rated her pain 3/10 with medications and 10/10 with medications. The treating physician indicated that active cervical range of motion caused pain and there was tenderness on palpation of the paracervical muscles. The treating physician requested Zolpidem 10mg #30 x 1 refill, Baclofen 10mg #90, Hydrocodone-Acetaminophen 10/325mg #120 and Hydrocodone-Acetaminophen 10/325mg #120.

IMR ISSUES, DECISIONS AND RATIONALES

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

30 tablets of Zolpidem 10mg with 1 refill: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines-Treatment in Workers' Compensation, Online Edition Chapter: Pain muscle relaxants (for pain).

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) Zolpidem (Ambien).

Decision rationale: Medical Treatment Utilization Schedule (MTUS) does not address Zolpidem (Ambien). Official Disability Guidelines (ODG) state that Ambien (Zolpidem) is approved for the short-term, usually two to six weeks, treatment of insomnia, and should be used for only a short period of time. The progress report dated 3/30/15 documented that Zolpidem was prescribed on 3/30/15. Previously Zolpidem was prescribed on 11/5/14. Medical records indicate long-term use of Zolpidem (Ambien). ODG guidelines indicates that Zolpidem (Ambien) should be used for only a short period of time. The long-term use of Zolpidem (Ambien) is not supported by ODG guidelines. Therefore, the request for Zolpidem (Ambien) is not medically necessary.

90 tablets of Baclofen 10mg: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47, Chronic Pain Treatment Guidelines Muscle relaxants Page 63-66. Decision based on Non-MTUS Citation FDA Baclofen <http://www.drugs.com/pro/baclofen.html>.

Decision rationale: Medical Treatment Utilization Schedule (MTUS) addresses muscle relaxants. American College of Occupational and Environmental Medicine (ACOEM) 2nd Edition (2004) states that muscle relaxants seem no more effective than NSAIDs for treating patients with musculoskeletal problems, and using them in combination with NSAIDs has no demonstrated benefit. Muscle relaxants may hinder return to function by reducing the patient's motivation or ability to increase activity. Table 3-1 states that muscle relaxants are not recommended. Chronic Pain Medical Treatment Guidelines (Page 63-66) addresses muscle relaxants. Muscle relaxants should be used with caution as a second-line option for short-term treatment. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. According to a review in American Family Physician, muscle relaxants should not be the primary drug class of choice for musculoskeletal conditions. Baclofen is recommended orally for the treatment of spasticity and muscle spasm related to multiple sclerosis and spinal cord injuries. FDA Prescribing Information states that Baclofen is indicated for spasticity resulting from multiple sclerosis. Baclofen may also be of some value in patients with spinal cord injuries and other spinal cord diseases. Baclofen is not indicated in the treatment of skeletal muscle spasm resulting from rheumatic disorders. The efficacy of Baclofen in stroke, cerebral palsy, and Parkinson's disease has not been established and, therefore, it is not recommended for these conditions. The progress report dated 3/30/15 documented that Baclofen was prescribed on 3/30/15. Previously Baclofen was prescribed on 1/20/15 and 10/24/14.

Medical records document that the patient has chronic occupational injuries and has been prescribed muscle relaxants long-term. MTUS guidelines do not support the long-term use of muscle relaxants. Medical records do not document multiple sclerosis or spinal cord injury. MTUS and FDA guidelines recommend Baclofen only for multiple sclerosis or spinal cord diseases. Voltaren was prescribed on 3/30/15 and 1/8/15. ACOEM guidelines indicate that using muscle relaxants in combination with NSAIDs has no demonstrated benefit. MTUS, ACOEM, and FDA guidelines do not support the use of Baclofen. Therefore, the request for Baclofen is not medically necessary.

120 tablets of Hydrocodone-Acetaminophen 10-325mg: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47-48, Chronic Pain Treatment Guidelines Opioids Page 74-96. Decision based on Non-MTUS Citation DEA

http://www.deadiversion.usdoj.gov/fed_regs/rules/2014/fr0822.htm

http://www.deadiversion.usdoj.gov/faq/mult_rx_faq.htm#7.

Decision rationale: Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines address opioids. The lowest possible dose should be prescribed to improve pain and function. Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non-adherent) drug-related behaviors. These domains have been summarized as the 4A's (analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behaviors). Frequent evaluation of clinical history and frequent review of medications are recommended. Periodic review of the ongoing chronic pain treatment plan for the injured worker is essential. Patients with pain who are managed with controlled substances should be seen regularly. American College of Occupational and Environmental Medicine (ACOEM) 2nd Edition (2004) Chapter 3 states that opioids appear to be no more effective than safer analgesics for managing most musculoskeletal symptoms. Opioids should be used only if needed for severe pain and only for a short time. Medical records document the long-term use of opioids. Per MTUS, the lowest possible dose of opioid should be prescribed. ACOEM guidelines indicate that the long-term use of opioids is not recommended. The progress report dated 3/30/15 does not document urine drug testing. The progress report dated 3/30/15 documented 2 prescriptions of Norco 10/325 mg #120 for the same date of service 3/30/15. Pursuant to the Controlled Substances Act, the Drug Enforcement Administration rescheduled Hydrocodone combination products from schedule III to schedule II effective October 6, 2014. The issuance of refills for a schedule II controlled substance is prohibited by law. Therefore, the request for 2 refills of Hydrocodone-Acetaminophen 10-325 mg (Norco) is prohibited. Therefore, the request for Hydrocodone-Acetaminophen is not medically necessary.

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47-48, Chronic Pain Treatment Guidelines Opioids Page 74-96. Decision based on Non-MTUS Citation DEA

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