

<b>Case Number:</b>	CM15-0093598		
<b>Date Assigned:</b>	05/19/2015	<b>Date of Injury:</b>	06/29/2000
<b>Decision Date:</b>	07/02/2015	<b>UR Denial Date:</b>	05/04/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/14/2015

### 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: Physical Medicine & Rehabilitation

### 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 57-year-old female, who sustained an industrial injury on June 29, 2000, incurring injuries to her back and knees. She was diagnosed with lumbago and osteoarthritis of the knees. Treatment included pain medications, muscle relaxants, anti-anxiety drugs, and work modifications. Currently, the injured worker complained of continued pain in the low back and both knees, constant left and right leg sciatica and depression. Upon examination, it was noted she had limited range of motion of the lumbar spine. The treatment plan that was requested for authorization included prescriptions for Zanaflex, Norco, Sonata and Xanax.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Zanaflex 4mg, #120:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants (for pain).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines muscle relaxant medications for chronic pain page(s): 63-66, 60.

**Decision rationale:** The patient presents with low back, bilateral knee, bilateral leg sciatica and depression. The physician is requesting ZANAFLEX 4MG #120. The RFA was not included. The patient is currently permanently disabled. MTUS guidelines page 63 recommend non-sedating muscle relaxant with caution as a second line option for short-term treatment of acute exacerbations in patients with chronic lower back pain. However, in most cases they show no benefit beyond NSAID in pain and overall improvement. MTUS guidelines page 66 allow for the use of Zanaflex for low back pain, myofascial pain and fibromyalgia. Medical records show that the patient was prescribed Zanaflex prior to 10/31/2014. Per the 04/16/2015 report, "medications help some." The patient's husband is managing her medications. Her pain level with medication use is 7/10. The reports do not explain how this medication helps the patient. The MTUS page 60 states a record of pain and function should be recorded when medications are used for chronic pain. In this case, the request IS NOT medically necessary.

**Norco 10/325mg, #240:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment page(s): 47-49, Chronic Pain Treatment Guidelines Opioid.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines CRITERIA FOR USE OF OPIOIDS page(s): 76-78, 88-89.

**Decision rationale:** The patient presents with low back, bilateral knee, bilateral leg sciatica and depression. The physician is requesting NORCO 10/325 MG #240. The RFA was not included. The patient is currently permanently disabled. MTUS Guidelines pages 88 and 89 states, "pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. Records show that the patient was prescribed Norco prior to 10/31/2014. The 12/04/2014 report shows that the patient's pain level without medication is 8/10 and 7/10 with medication use. No significant analgesia was noted. The urine drug screens from 10/31/2014, 02/19/2015, 04/16/2015 show no indication that the results were inconsistent with his current medication regimen. There are no examples of ADLs, which demonstrate medication efficacy, nor are there any discussions provided on adverse behavior/side effects. No validated instruments are used either. No outcome measures are provided as required by MTUS Guidelines. The treating physician does not provide proper documentation that is required by MTUS Guidelines for continued opiate use. The request IS NOT medically necessary.

**Sonata 10mg, #60:** 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) Pain Chapter.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official disability guidelines Mental Illness and Stress Chapter, Zaleplon Sonata®.

**Decision rationale:** The patient presents with low back, bilateral knee, bilateral leg sciatica and depression. The physician is requesting SONATA 10MG #60. The RFA was not included. The patient is currently permanently disabled. ODG guideline Mental Illness and Stress Chapter states, "Zaleplon Sonata reduces sleep latency. Because of its short half-life one hour, may be re-administered upon nocturnal waking provided it is administered at least 4 hours before wake time. This medication has a rapid onset of action. Short-term use 7-10 days is indicated with a controlled trial showing effectiveness for up to 5 weeks." Medical records show that the patient was prescribed Sonata on 04/16/2015. Per the 04/16/2015 report, the patient is having a lot of insomnia and knee pain. No previous medication trial was documented to determine its efficacy. In this case, a short-term use of this medication may be ok but the prescription is for #60, what appears to be a 2-month supply. ODG supports only short-term, up to 7-10 day trial of this medication. The request IS NOT medically necessary.

**Xanax 1mg, #120:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines page(s): 24, 124.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines page(s): 24.

**Decision rationale:** The patient presents with low back, bilateral knee, bilateral leg sciatica and depression. The physician is requesting XANAX 1MG #120. The RFA was not included. The patient is currently permanently disabled. The MTUS Guidelines, page 24, state, "Benzodiazepines are not recommended for long-term use because long-term efficacies are unproven and there is risk of dependence." Most guidelines limit use to 4 weeks. Review of reports show that the patient was prescribed Xanax since before 10/31/2014. Per the 04/16/2015 report, "medications help some." The patient does have a history of anxiety and depression. No medication efficacy was documented. The MTUS Guidelines recommend maximum of 4 weeks due to "unproven efficacy and risk of dependence." Given that this medication has been prescribed for long-term use, continuation of its use cannot be recommended. The request IS NOT medically necessary.