

<b>Case Number:</b>	CM14-0143599		
<b>Date Assigned:</b>	09/12/2014	<b>Date of Injury:</b>	05/29/2012
<b>Decision Date:</b>	10/23/2014	<b>UR Denial Date:</b>	07/15/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/04/2014

### 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. The expert reviewer is Board Certified in Occupational Medicine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

Injured worker is a male with date of injury May 29, 2012. Per primary treating physician's progress report dated June 3, 2014, the injured worker complains of persistent pain in his low back. Without medications, his pain level is 9/10. With medications it goes down to about 5/10, which is a significant change for him. He is actively swimming about an hour a day almost every day. He also spends some time on a treadmill. He does some cooking and cleaning. He goes walking at a store close by. He has a girlfriend. He reports no adverse side effects. There is no aberrant drug seeking behavior. He is not running out of medications early. He is not getting medications from multiple doctors. He has a pain contract signed in chart and he has been providing consistent drug screens. Relafen helps with his pain and he needs Prilosec. Without Prilosec he has stomach irritation from use of NSAIDs (non-steroidal anti-inflammatory drugs). He states the Zanaflex also allows him to relax and take care of the muscle spasms. He uses Ambien every night to help him sleep. On examination there are no significant changes reported. Diagnoses include 1) chronic low back pain, status post lumbar fusion in 2000 2) right hip pain 3) depression/anxiety due to chronic pain.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Reglan 10 mg 120 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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Pain Chapter, Antiemetics (for opioid nausea) section

**Decision rationale:** The MTUS Guidelines do not address the use of antiemetics. The ODG does not recommend the use of antiemetics for nausea and vomiting secondary to chronic opioid use. Antiemetics are recommended for acute use as per FDA-approved indications. Nausea and vomiting is common with use of opioids. These side effects tend to diminish over days to weeks of continued exposure. Studies of opioid adverse effects including nausea and vomiting are limited to short-term duration (less than four weeks) and have limited application to long-term use. If nausea and vomiting remains prolonged, other etiologies of these symptoms should be evaluated for. The differential diagnosis includes gastroparesis (primarily due to diabetes). Current research for treatment of nausea and vomiting as related to opioid use primarily addresses the use of antiemetics in patients with cancer pain or those utilizing opioids for acute/postoperative therapy. Recommendations based on these studies cannot be extrapolated to chronic non-malignant pain patients. There is no high-quality literature to support any one treatment for opioid-induced nausea in chronic non-malignant pain patients. Therefore, the request for Reglan 10 mg 120 count is not medically necessary or appropriate.

**Zanaflex 4 mg 120 count:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines MUSCLE RELAXANTS Page(s): 63, 111.

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

**Decision rationale:** 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 has chronic back pain, and there is no objective indication that the injured worker is suffering from acute spasticity. Medical necessity of this request has not been established within the recommendations of the MTUS Guidelines. The request for Zanaflex 4 mg 120 count is not medically necessary or appropriate.

**Ambien 10 mg sixty 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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation 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 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 10 mg sixty count is not medically necessary or appropriate.