

<b>Case Number:</b>	CM13-0014332		
<b>Date Assigned:</b>	09/27/2013	<b>Date of Injury:</b>	06/15/2011
<b>Decision Date:</b>	02/19/2014	<b>UR Denial Date:</b>	07/24/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/20/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician 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 physician 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:

The patient is a represented [REDACTED] employee who has filed a claim for chronic low back pain, chronic neck pain, myalgias, myositis, headaches, carpal tunnel syndrome, insomnia, lower extremity pain, and dyspepsia reportedly associated with an industrial injury of June 15, 2011. Thus far, the patient has been treated with the following: Analgesic medications; transfer of care to and from various providers in various specialties; unspecified amounts of physical therapy; prior cervical fusion surgery in July 2012; unspecified amounts of acupuncture; topical agents; sleep aids; electrodiagnostic testing of upper extremities of June 19, 2013, notable for severe median neuropathy with an acute C5 to C7 radiculopathy; and extensive periods of time off work, on total temporary disability. In a utilization review report of July 24, 2013, the claims administrator partially certified two sessions of aquatic therapy for home exercise transition purposes, denied Ambien, approved Neurontin, denied Protonix, denied Senna, and denied tizanidine. The applicant's attorney subsequently appealed, citing a variety of administrative reasons. On September 10, 2013, the applicant presented with 6/10 neck pain and 7/10 wrist pain with associated numbness, tingling, paresthesia. The patient is obese with a BMI of 32. Positive Tinel and Phalen signs are noted about the elbows with mild thenar atrophy. The applicant is asked to pursue a carpal tunnel release surgery. An earlier note of August 6, 2013 was again notable for comments that the patient reported persistent neck and upper extremity pain with associated numbness and tingling. Various medications were refilled, including Medrox and flurbiprofen gel. A July 25, 2013 note is notable for comments that the applicant is off work, on total temporary disability. The bulk of the notes provided referred on multiple occasions to the patient's cervical spine and upper extremity symptoms. There is no mention of r

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Ambien 10mg, #30 for 30 days:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 270.

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

**Decision rationale:** The MTUS does not address the topic. As noted in the ODG chronic pain chapter zolpidem topic, zolpidem or Ambien is indicated in the short-term, two- to six-week treatment of insomnia. It is not indicated on the chronic, long-term, nightly, and scheduled use which is being proposed here. It is further noted that the documentation on file does not delve on or touch upon the applicant's issues of insomnia. Almost all the documentation is focused on the applicant's cervical spine and upper extremity pathology. For all of these reasons, the request is not certified.

**Pantoprazole (Protonix) 20mg, 2x days for 30days, #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 270.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 69.

**Decision rationale:** While Protonix, a proton pump inhibitor is, per 69 of the MTUS Chronic Pain Medical Treatment Guidelines, indicated in the treatment of NSAID-induced dyspepsia, in this case, however, there is no evidence of dyspepsia, either NSAID-induced or stand-alone, on any recent progress note provided. The applicant's prior response to Protonix was not clearly detailed or described. Continuing Protonix in the absent supporting documentation is not recommended. Therefore, the request is not certified.

**Senokot-S-8.6-50mg stool softener, 2 x a day for 30 days, #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 270.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 77.

**Decision rationale:** While page 77 of the MTUS Chronic Pain Medical Treatment Guidelines does support prophylactic provision of laxatives in those applicants in whom opioid therapy has been initiated, in this case, none of the progress notes provided stated that the applicant was using any opioid analgesic. References were seemingly made only to topical compounds such as

flurbiprofen and Medrox. There is no overt mention of constipation; it is further noted, on any progress note provided. For all of these reasons, then, it does not appear that the documentation support usage of Senokot here. Therefore, the request is not certified.

**Tizanidine HCL 2mg, 1 q12, for 30days, #60: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 270.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 22.

**Decision rationale:** The Physician Reviewer's decision rationale: While page 66 of the MTUS Chronic Pain Medical Treatment Guidelines does suggest that tizanidine is FDA approved in the management of spasticity and can be employed off label in the treatment of low back pain, in this case, all of the documentation provided seemingly pertains to the applicant's issues with chronic neck pain radiating to the upper extremities and/or superimposed carpal tunnel syndrome. There is no mention of low back pain on any of the notes provided. It is further noted that the applicant's prior response to introduction of tizanidine has not been detailed or described. Neither the applicant's attending providers have documented the applicant's complete medication list or medication profile on any recent office visit provided. The fact that the applicant remains off work, on total temporary disability, implies that tizanidine, as well as other oral and topical medications, were unsuccessful. Therefore, the request is not certified.

**Aqua Therapy 2x4 weeks: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 270.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 22.

**Decision rationale:** As noted on page 22 of the MTUS Chronic Pain Medical Treatment Guidelines, aquatic therapy is recommended as an optional form of exercise therapy in those applicants who are immobile, nonambulatory, and are otherwise unable to participate in land based therapy or land based home exercises. In this case, however, there is, again, little or no documentation of the applicant's gait or ambulatory status. All of the documentation on file pertains to the applicant's neck and upper extremity issues. There is no mention of the applicant's being unable to participate in land-based therapy or land-based exercises on any progress note provided. For all of these reasons, the request is not certified.