

Case Number:	CM13-0014381		
Date Assigned:	10/03/2013	Date of Injury:	01/12/2002
Decision Date:	01/22/2014	UR Denial Date:	08/01/2013
Priority:	Standard	Application Received:	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 Internal 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 42-year-old female who reported an injury on 01/12/2002. The mechanism of injury was being violently pulled. She has diagnoses of breast implant dislodgement, degenerative disc disease of C5-6 with industrial aggravation, chronic pain syndrome, and bilateral carpal tunnel syndrome with bilateral release. The patient underwent a C5-6 anterior cervical discectomy with fusion on 01/08/2009. There is evidence of psychological treatment but no notes were included for review after 2012. The patient has been on a pain medication regime for several years with noted misuse and abuse. She also has a history of illicit drug and alcohol use.

IMR ISSUES, DECISIONS AND RATIONALES

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

functional restoration program QTY: 1.00: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Section Chronic Pain Program and Functional Restoration Programs Page(s): 30-33, 49.

Decision rationale: The California MTUS Guidelines recommend functional restoration programs for patients with chronic conditions. Criteria for these programs were found under the

chronic pain programs section of the MTUS. These criteria include baseline objective functional testing; evidence of previous failed treatments; significant loss of functional ability; surgery is not an option; patient is motivated to change; and negative predictors have been addressed. In the medical records provided for review, there were no objective findings in relation to the patient's baseline function. Functional measures as defined by the California MTUS include activities of daily living, pain levels as scored on a VAS scale, range of motion, motivation, and compliance with a home self-care program. The only findings that were documented in the medical records were the range of motion of the cervical spine and bilateral wrists. These values alone do not indicate a significant loss in independent functional ability. In regard to the evidence of previously failed treatments, she continues to have neck pain after fusion, but the pain levels are not objectively quantified on the VAS scale. Also, there are no records of failed physical therapy, acupuncture, or chiropractic care, and the patient's psychological treatment records were incomplete. There was also no mention of the patient's motivation for change or discussion of negative predictors. The negative predictors that the patient currently exhibits per the available medical records include current unemployment, high levels of psychosocial distress and documented drug and alcohol abuse, and time since initial injury. Due to the lack of objective documentation and presence of multiple negative indicators, the request for a functional restoration program is non-certified.

Soma 350 mg #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Carisoprodol Page(s): 29.

Decision rationale: The California MTUS Guidelines do not recommend the use of Soma for longer than a 2-3 week period. The medical records provided for review did not provide information regarding the length of time the patient has been using this medication or objective evidence of its efficacy. There were also no instructions for use included in the request regarding the anticipated frequency and duration. As such, the request for Soma 350mg #90 is non-certified.

Ambien 10 mg #30: 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)-Treatment in Worker's Comp 2012.

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

Decision rationale: The California MTUS and ACOEM guidelines did not address the use of Ambien or other sleep aids, so the Official Disability Guidelines were supplemented. ODG does

not recommend the use of long-term sleep aids. If sleep aids are utilized, the guidelines recommend that cognitive behavioral therapy accompany its short-term use of 2-6 weeks. There is no information on how long and how frequently the patient has been utilizing this medication, no evidence of recent behavioral therapy, nor an anticipated length and frequency of use. In reference to Ambien in particular, a decreased dose of 5mg is now recommended for women using the immediate release and a decreased dose of 6.25mg is recommended for women using the controlled release. There is also no objective documentation included in the records describing its efficacy, to include any decrease in time to sleep onset, sleep maintenance, and next day functioning. Therefore, the request for Ambien 10mg #30 is non-certified.