

Case Number:	CM13-0019189		
Date Assigned:	10/11/2013	Date of Injury:	08/27/2004
Decision Date:	01/22/2014	UR Denial Date:	08/02/2013
Priority:	Standard	Application Received:	09/03/2013

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 Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine 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:

57 year old female with injury from 08/27/04. Per [REDACTED] diagnoses are cervical spine strain, multi-level disc bulge at L4-5 and L5-S1, status post left shoulder arthroscopy, status post left wrist excision of volar ganglion cyst, status post left carpal tunnel release and status post right carpal tunnel release. Review of reports from 1/24/13 to 6/13/13 shows that this patient suffers from chronic neck, low back and bilateral wrists and hand pains. Pain is described as moderate in low back and hands (2/18/13). She has no improvement of symptoms and ADLs are affected. Therapy does not help. On 3/25/13, she noted some improvement of neck but not the low back. Exam showed palpable tenderness but no spasms, positive Phalen's on left. Recommendations were exploration of left carpal tunnel, and facet blocks. 6/3/13 report indicates that the patient was provided with Xanax, Ambien CR, Vicodin ES and Soma. Water aerobics was also requested. 5/14/13 report is by [REDACTED], an orthopedist. Impressions were Dupuytren's nodule, left palm, cubital tunnel syndrome, left. Cubital tunnel release was recommended.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective Xanax 0.5mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

Decision rationale: The Physician Reviewer's decision rationale: Regardless of the patient's condition or diagnosis, Xanax, a benzodiazepine, is not recommended for a long-term use. No more than 4 weeks is recommended for this medication for acute anxiety. In this patient, the treater does not document rationale for the use of medication other than pain. There is no documentation that the medication is used on a short-term basis. Given MTUS guidelines not recommending a long-term use of benzodiazepines, recommendation is for denial.

Retrospective Ambien CR 10mg #30: Overturned

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

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 Chapter, Insomnia Treatment.

Decision rationale: The Physician Reviewer's decision rationale: Although this patient suffers from chronic neck and low back pains with upper extremity pains, and suffers from insomnia as documented by [REDACTED] (5/14/13), the treating physician [REDACTED] does not discuss how the patient is responding to Ambien CR. There are no discussion regarding potential causes of insomnia, duration of symptoms, sleep onset, maintenance, quality and functioning. Sleep hygiene is not discussed. For pharmacologic management Up to 24 weeks for Ambien CR use is allowed per ODG guidelines. MTUS and ACOEM guidelines do not discuss sleep management. However, review of the available reports show that the patient is still having night awakening and difficulty sleeping around the time that Ambien CR is prescribed/ There is no documentation that this medication is doing much for the patient's insomnia. Recommendation is for denial.

Retrospective Vicodin ES 7.5/750mg #120 with 4 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Long-term Opioid use .

Decision rationale: The Physician Reviewer's decision rationale: This patient suffers from chronic neck and low back pains with upper extremity pains as well. The patient is described as suffering from moderate pain in neck and low back, has knots in hands where surgery was done, numbness and tingling in the fingers, and constant low back pain. The patient is prescribed Vicodin on a regular basis. However, there is no documentation of any pain or functional

changes with the use of medications. Despite review of reports from 1/24/13, 2/18/13, 3/25/13, 5/14/13 and 6/3/13, roughly 6 months, there is not a single documentation of before/after pain with use of Vicodin, functional level changes with the use of medication and quality of life improvements.

Retrospective Soma 350mg #120 with 4 refills: Upheld

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

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

Decision rationale: The Physician Reviewer's decision rationale: Regardless of diagnosis, MTUS guidelines state that Soma is not indicated for chronic use. In this patient, the treater does not discuss whether or not this medication is used short-term or long-term. Soma is simply prescribed on 6/3/13.

Water aerobics three (3) times a week for four (4) weeks: Overturned

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

MAXIMUS guideline: Decision based on MTUS ACOEM Page(s): Aquatic therapy, 90. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), guidelines on Exercise for Chronic Pain

Decision rationale: The Physician Reviewer's decision rationale: This patient suffers from chronic neck and shoulder pains. The request is for water aerobic exercises 3 times a week for 4 weeks. MTUS and ACOEM guidelines do not address water aerobic exercises, although ACOEM recommends "low stress aerobic exercise" which may apply to water aerobics. ODG guidelines provide a more thorough discussion and in it, aerobic exercises are recommended. Furthermore, an aquatic exercise program including one-hour, supervised, water-based exercise sessions, three times per week for 8 months, was found to be cost-effective in terms of both health care costs and societal costs. This patient does present with chronic pain condition and recommendation is for authorization of the requested water aerobic exercises 3 times a week for 4 weeks.