

<b>Case Number:</b>	CM13-0021240		
<b>Date Assigned:</b>	11/08/2013	<b>Date of Injury:</b>	07/19/1996
<b>Decision Date:</b>	01/30/2014	<b>UR Denial Date:</b>	08/30/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/06/2013

### 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.

### 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 55 year-old female with date of injury of 07/19/1996. Patient has diagnoses of herniated lumbar discs with radiculopathy, bilateral lateral elbow epicondylitis, and left shoulder rotator cuff tear. According to report dated 09/10/2013 by [REDACTED], the patient feels numbness and burning pain in both hands with progressive weakness. Patient's neck pain is described as aching and burning across the shoulder blade. Lower back pain is reported as constant. Request is for refill of Norco, Flexmid, and Ambien and 1x5 Chiropractic visits for the cervical and lumbar spine. The progress report, dated 07/30/2013 by [REDACTED], states patient's left shoulder and lower back pain is progressively getting worse with radiating pain into both legs and knees and on 06/11/2013, [REDACTED] recommends refill of Norco, Flexmid and increase Ambien dosage to 20mg.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Refill Norco:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines, Criteria for use of Opi.

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

**Decision rationale:** Patient has a long history of chronic lower back, shoulder and wrist symptoms. Numerous reports dated 09/10/13; 07/30/2013, 06/11/2013 and 05/14/2013 make specific requests to refill Norco. Medical records are not clear to exactly when the patient was first prescribed this medication. However, it is apparent that the patient has been taking this medication for some time, but certainly prior to 05/14/2013. MTUS pgs. 88, 89 recommend documentation of pain, functional improvement, and quality of life as compared to baseline. Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument. In this case, the treater does not provide any discussion regarding pain reduction, specific functional changes and quality of life issues with the use of Norco. Recommendation is for denial

**Fexmid, unknown quantity:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines MTUS Page(s): 64..

**Decision rationale:** Patient has a long history of chronic lower back, shoulder and wrist symptoms. Numerous reports dated 09/10/13; 07/30/2013, 06/11/2013 and 05/14/2013 make specific requests to refill Flexmid (cyclobenzaprine). MTUS pg. 64 states cyclobenzaprine is recommended for a short course of therapy (3-4 weeks) and not recommended for chronic use. Medical reports show patient has been taking Fexmid since 05/14/2013. Recommendation is for denial.

**Ambien 20mg:** 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) ODG guidelines.

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

**Decision rationale:** Medical records show patient has been taking Ambien since 03/26/2013. Report dated 07/30/2013 notes Ambien dosage was increased to 20mg. ODG guidelines state Zolpidem dosing recommendations are for 5 to 10 mg at bedtime and are indicated for the short term treatment of insomnia with difficulty of sleep onset (7-10 days). Since zolpidem is indicated for short term use, recommendation is for denial.

**Chiropractic care once (1) a week for five (5) weeks, cervical and lumbar:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines, Manual Therapy and Trea.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines, Manual Therapy and Treatments Page(s): . 58-59..

**Decision rationale:** Patient has diagnoses of herniated lumbar discs with radiculopathy, bilateral lateral elbow epicondylitis, and left shoulder rotator cuff tear. The reviewed medical files show a progress report dated 06/04/2012 that requests 6 chiropractic treatment, which is repeated on 05/14/2013 by the treater with a request for 5 additional chiropractic treatments. There is no indication in the medical files provided of the total number of chiropractic treatments provided to date. However, it appears that patient has received at least 6 recently and there is no indication of objective functional improvement. For initial chiropractic treatment, MTUS recommends as an a trial of 6 visits over 2 weeks, and with evidence of objective functional improvement a total of up to 18 visits over 6-8 weeks. In the absence of objective functional improvement after a trial, MTUS does provide 1-2 visits every 4-6 months for recurrences/flare-ups when associated with a return to work. Progress reports dated 09/10/2013; 07/30/2013 and 06/11/2013 indicate that the patient is not working (TTD status). Per MTUS, the treater's current request for 5 chiropractic visits is not justified with objective findings of functional improvement after the 6 visit trial and is both beyond the recommended number of visits for a flare-up and does not meet the requirement of return to work. Recommendation is for denial.