

Case Number:	CM13-0024775		
Date Assigned:	11/20/2013	Date of Injury:	08/17/2004
Decision Date:	01/16/2014	UR Denial Date:	08/26/2013
Priority:	Standard	Application Received:	09/16/2013

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 Sports Medicine and is licensed to practice in New York and Texas. 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 53-year-old female who reported a work related injury on 08/17/2004. The patient has undergone multiple forms of treatment to include conservative care with physical therapy, epidural injections, and surgical interventions. The patient's diagnoses are listed as lumbar strain, discogenic back pain, disc bulges at L3-4 and L4-S1, left S1 radiculopathy, depression, and status post right carpal tunnel release. The patient's medications include Ambien, Vicodin ES, Robaxin, Celebrex, Soma, Zoloft, Valium, and Flector patches.

IMR ISSUES, DECISIONS AND RATIONALES

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

Unknown prescription of Ambien: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Zolpidem (Ambien)..

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

Decision rationale: Recent clinical documentation stated the patient reported bilateral wrist and hand pain with radiation without improvement. She reported symptoms of numbness and tingling with tightness of the left wrist and hand. She reported it affected her daily activities. The patient

also reported difficulty sleeping at night due to pain. The patient was status post right carpal tunnel release and right shoulder arthroscopy. The patient was noted to be pending left ankle surgery. Per documentation submitted for review, the patient was treated with Ambien since at least 04/2013. Official Disability Guidelines indicate that zolpidem is a prescription short acting nonbenzodiazepine hypnotic that is approved for the short term treatment of insomnia. Guidelines recommend the use of Ambien for 2 weeks to 6 weeks. Furthermore, the dose and frequency of the prescription was not noted in the request. Given the above, the request for unknown prescription of Ambien is non-certified.

Unknown prescription of Valium: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24.

Decision rationale: Per clinical documentation submitted for review, it was noted the patient has been treated with Valium since at least early 2013. California Chronic Pain Medical Treatment Guidelines state that benzodiazepines are not recommended for long term use because long term efficacy is unproven and there is a risk of dependence. Most guidelines limit use to 4 weeks. The patient has been undergoing psychotherapy treatment. Per recent clinical documentation, the patient was noted to have anxiety and to feel nervous. There was no overall significant objective evidence of functional improvement for the patient due to the use of Valium. Guidelines indicate that chronic benzodiazepines are the treatment of choice in very few conditions, and a more appropriate treatment for anxiety disorder is an antidepressant. The patient was noted to be on antidepressants. It is unclear why the patient remains on Valium, and the dose and frequency of the medication was not stated in the request. As such, the request for unknown prescription of Valium is non-certified.

Unknown prescription of Soma: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: Per submitted clinical documentation for review, the patient was noted to be treated with Soma since at least 04/2013. The patient continued to complain of difficulty sleeping at night and complained of continuous pain per recent clinical documentation. There was no documentation submitted noting functional improvement for the patient due to the medication Soma. California Chronic Pain Medical Treatment Guidelines indicate that Soma is not recommended as this medication is not indicated for long term use. Abuse of this medication has been noted for sedative and relaxant effects. Furthermore, there was no dose and frequency

noted for the prescription of Soma with the request. Therefore, the request for unknown prescription of Soma is non-certified.

Unknown prescription of Ibuprofen: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 67-69.

Decision rationale: Per clinical documentation submitted for review, it was noted the patient had been treated with ibuprofen since at least 03/2013. Recent clinical documentation stated the patient continued to complain of constant moderate to severe lower back pain with frequent pain and numbness of the right leg. She also complained of frequent moderate left ankle pain, pain, numbness, and weakness in the right hand, and intermittent pain and intermittent numbness in the left hand. The patient reported no improvement in symptoms due to the use of ibuprofen. There was no evidence noted of overall objective pain and functional improvement. California Medical Treatment Guidelines for chronic pain indicate that ibuprofen is recommended for managing mild to moderate pain, osteoarthritis, and rheumatoid arthritis, as well as off label use for managing ankle ankylosing spondylitis. Guidelines do not recommend long term use of nonsteroidal anti-inflammatories. Guidelines further state that NSAIDs are recommended at the lowest dose for the shortest period of time in patients with moderate to severe pain. Given the above, the request for unknown prescription of Ibuprofen is non-certified.

Unknown prescription of Flector patches: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain (Chronic).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-112.

Decision rationale: The patient was noted to be treated with Flector patches since at least 03/2013, per clinical documentation submitted for review. California Medical Treatment Guidelines for chronic pain do not recommend long term use of topical nonsteroidal anti-inflammatories. Guidelines state that these medications may be useful for chronic musculoskeletal pain, but there are no long term studies of their effectiveness or safety. The patient was noted to be treated with Flector patches well over guideline recommendations of 4 weeks to 12 weeks. The patient continued to have pain symptoms, and recent clinical documentation stated the patient was getting numbness, tingling sensations, and tightness to left wrist/hands. It was not noted in the documentation the dose and frequency of the Flector patches, and for which of the patient's symptoms the patches were indicated. Therefore, the request for unknown prescription of Flector patches is non-certified.