MAXIMUS Federal Services

Case Number:	CM13-0030794		
Date Assigned:	03/03/2014	Date of Injury:	06/30/2011
Decision Date:	04/18/2014	UR Denial Date:	09/18/2013
Priority:	Standard	Application Received:	10/01/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Pain Management 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 expert 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:

This is a female patient with the date of injury of June 30, 2011. A utilization review determination dated September 19, 2013 recommends non-certification of MRI of cervical spine, Reglan 10mg #60, Relafen 750mg #60, and modification of Ambien 5mg #30, Norco 10/325mg #30, and MS Contin 15mg #60. The previous reviewing physician recommended non-certification of MRI of cervical spine due to lack of documentation of significant objective findings of the patient's pain symptoms, functional deficits, or neurological deficits of the cervical spine; non-certification of Reglan 10mg #60 due to lack of documentation of signs and symptoms of the patient's gastrointestinal status; non-certification of Relafen 750mg #60 due to lack of documentation of significant objective findings of the patient's pain symptoms or functional deficits to indicate a clear assessment of the patient's pain, the indication for or the effectiveness of this medication, and the duration the patient has been on this medication; modification of Ambien 5mg #30 due to lack of documentation of significant objective findings of the patient's sleep patterns or insomnia symptoms and an indication for or the effectiveness of this medication and for weaning purposes; modification of Norco 10/325mg #30 due to lack of documentation of significant objective findings of the patient's pain symptoms or functional deficits to indicate a clear assessment of the patient's pain, the indication for or the effectiveness of this medication, and physical and psychological functioning or the occurrence of any potentially aberrant or non adherent drug-related behaviors and for weaning purposes; and modification of MS Contin 15mg #60 due to lack of documentation of significant objective findings of the patient's pain symptoms or functional deficits to indicate a clear assessment of the patient's pain, the indication for or the effectiveness of this medication, and physical and psychological functioning or the occurrence of any potentially aberrant or non adherent drug-related behaviors and for weaning purposes. A Progress Report dated August 28, 2013 identifies

Subjective Complaints of she continues to recover from her right knee surgery. She is still quite weak and has a lot of pain but she is working on it. She has had neck pain radiating to the left arm. Pain levels are about a 7/10 before medications, coming down to a 3/10 with medications. She is not having any side effects on the medications. Objective Findings identify she is quite tender to palpation of right knee. There is still a little swelling there. Her strength of the quadriceps is quite decreased to probably a 3/5. Strength is good but decreased in the left upper extremity. Diagnoses identify s/p right open knee surgery for a stem cell implant for loss of cartilage 4/4/13, persistent right thigh, groin and leg pain, neck pain with history of cervical fusion, and left shoulder pain industrial. Discussion/Plan identifies dispensed medication; authorization is requested for an MRI of the cervical spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

AMBIEN 5MG #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), Pain Chapter

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, Sleep Medication Section

Decision rationale: Regarding the request for Ambien 5mg #30, California MTUS guidelines are silent regarding the use of sedative hypnotic agents. The Official Disability Guidelines (ODG) recommends the short-term use (usually two to six weeks) of pharmacological agents only after careful evaluation of potential causes of sleep disturbance. They go on to state the failure of sleep disturbances to resolve in 7 to 10 days, may indicate a psychiatric or medical illness. Within the documentation available for review, there are no subjective complaints of insomnia, no discussion regarding how frequently the insomnia complaints occur or how long they have been occurring, no statement indicating what behavioral treatments have been attempted for the condition of insomnia, and no statement indicating how the patient has responded to Ambien treatment. Finally, there is no indication that Ambien is being used for short term use as recommended by guidelines. In the absence of such documentation, the currently requested Ambien 5mg #30 is not medically necessary.

MRI OF CERVICAL SPINE: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 176-177.

Decision rationale: Regarding the request for MRI of cervical spine, guidelines support the use of imaging for emergence of a red flag, physiologic evidence of tissue insult or neurologic deficit, failure to progress in a strengthening program intended to avoid surgery, and for clarification of the anatomy prior to an invasive procedure. Guidelines also recommend MRI after 3 months of conservative treatment. Within the documentation available for review, there is no indication of any red flag diagnoses. While radiating pain is noted, there is no clear documentation of neurologic deficit or failure of conservative treatment for at least 3 months. In the absence of such documentation, the requested MRI of cervical spine is not medically necessary.

MS CONTIN 15MG #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Section Page(s): 76-79.

Decision rationale: Regarding the request for MS Contin 15mg #60, California Pain Medical Treatment Guidelines state that MS Contin is an opiate pain medication. Due to high abuse potential, close follow-up is recommended with documentation of analgesic effect, objective functional improvement, side effects, and discussion regarding any aberrant use. Guidelines go on to recommend discontinuing opioids if there is no documentation of improved function and pain. Within the documentation available for review, the medication is noted to reduce the patient's pain from 7/10 to 3/10 and the patient denies any side effects. However, there is no discussion regarding aberrant use and no specific documentation of objective functional improvement. In the absence of such documentation, the currently requested MS Contin 15mg #60 is not medically necessary.

NORCO 10/325MG #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Section Page(s): 76-79.

Decision rationale: Regarding the request for Norco 10/325mg #30, California Pain Medical Treatment Guidelines state that Norco is an opiate pain medication. Due to high abuse potential, close follow-up is recommended with documentation of analgesic effect, objective functional improvement, side effects, and discussion regarding any aberrant use. Guidelines go on to recommend discontinuing opioids if there is no documentation of improved function and pain. Within the documentation available for review, the medication is noted to reduce the patient's pain from 7/10 to 3/10 and the patient denies any side effects. However, there is no discussion regarding aberrant use and no specific documentation of objective functional improvement. In

the absence of such documentation, the currently requested Norco 10/325mg #30 is not medically necessary.

REGLAN 10MG #60: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Physicians' Desk Reference (PDR), 20103. (www.PDR.net)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation http://www.drugs.com/search.php?searchterm=metoclopramide

Decision rationale: Regarding the request for Reglan 10mg #60, California MTUS and ACOEM do not contain criteria for the use of this medication. The FDA notes it is indicated as short-term (4 to 12 weeks) therapy for adults with symptomatic, documented gastroesophageal reflux who fail to respond to conventional therapy. Within the medical information made available for review, there is no documentation of gastroesophageal reflux which fails to respond to conventional therapy. The intended duration of use for this medication is not established. In the absence of such documentation, the currently requested Reglan 10mg #60 is not medically necessary.

RELAFEN 750MG #60: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 67.

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

Decision rationale: Regarding the request for Relafen 750mg #60, Chronic Pain Medical Treatment Guidelines state that NSAIDs are recommended at the lowest dose for the shortest period in patients with moderate to severe pain. Within the documentation available for review, there is mention that medication use reduces the patient's pain from 7/10 to 3/10. It is acknowledged that there should be better documentation regarding side effects and specific objective functional improvement. However, a one month prescription should give the requesting physician time to document those things. As such, the currently requested Relafen 750mg #60 is medically necessary.