

Case Number:	CM13-0035040		
Date Assigned:	12/11/2013	Date of Injury:	10/20/1999
Decision Date:	02/28/2014	UR Denial Date:	09/27/2013
Priority:	Standard	Application Received:	10/16/2013

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 Neuromuscular Medicine and is licensed to practice in Maryland. 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:

Patient is a 65-year-old female with past medical history of high cholesterol and osteoporosis who had a work injury dated 10/20/99.. The patient states that she developed pain in her left shoulder gradually and attributed this to work activities and subsequently came under medical treatment through the industrial carrier. She also had complaints of left wrist pain. She states that she eventually underwent rotator cuff surgery in October 2011. to the left shoulder and subsequently did not show any improvement as the result of that surgery. Per documentation the 09/11/13 progress report, indicates that the claimant has complaints of neck pain and stiffness and left wrist pain and difficulty sleeping. The claimant is being seen by psych for depression and anxiety. Exam of the left wrist is noted to reveal full range of motion and the tenderness has resolved. Exam of the cervical spine is noted to reveal range of motion at 45 degrees bilaterally with rotation and pain on terminal extension and tenderness over the brachial plexus causing radicular paresthesia into the arms. 10/8/12 Documentation reveals patient is on Prilosec and Motrin. An MRI scan on 07/01/2011 revealed 2 mm disc bulge at C3-C4, C4-C5, C5-C6 and C6-C7 with bone spur and mild to moderate neuralforaminal narrowing at all levels. There is noted moderate to severe central stenosis at C5 C6 with a lesser degree at C4 C5. Bilateral foraminal stenosis was noted C5- C6 with a lesser amount at C4 -C5 and C6- C7. Degenerative anterolisthesis was noted at T2 T3 due to facet arthropathy and the right sided disc protrusion. A CAT scan of the cervical spine on 01/22/2008 reveals: There is noted C4 C5 mark loss of disk space height with osteophytes formation and endplate osteophyte formation resulting in moderate central canal stenosis. The canal is narrow to 7 mm. At C5 C6 marked loss of disk space height with endplate osteophyte formation was noted. The center canal is narrowed down to 6-7 mm The patient has much less pain in her left wrist following the cortisone injection. She

continues to have stiffness and pain in her neck along with some headaches. On 12/28/2007, [REDACTED] performed upper extremity NCV and EMG studies and noted that the patient had moderate bilateral carpal tunnel syndrome, mild bilateral ulnar slowing across the wrist, denervation in the cervical paraspinal muscles bilaterally with very mild irritate of an denervation potentials in the left C6 greater than C5 distribution. On 02/04/2008, [REDACTED] perform follow-up exam and recommended that the patient undergo a C3, C4, C5 and C6 laminoplasty. He also recommended performing foraminotomies on the left side at these levels, but the patient did not wish to undergo surgery in neck. Per documentation on 10/6/13, the patient has been taking Vicodin since 2007. This review addresses whether Vicodin, Prilosec, Motrin, and Ambien are medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Vicodin 5/500 q6 #60: 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 Page(s): 51,59,75,78,79.

Decision rationale: Per MTUS guidelines, opioids can be discontinued: "If there is no overall improvement in function, unless there are extenuating circumstances ." The documentation submitted does not reveal evidence of functional improvement despite patient being on Vicodin since 2007. Per MTUS guidelines " Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or nonadherent) drug-related behaviors. These domains have been summarized as the "4 A's" (analgesia, activities of daily living, adverse side effects, and aberrant drugtaking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs. (Passik, 2000)." AThe documentation submitted does not reveal "The 4 A's for Ongoing Monitoring."

Prilosec 20 q12 #60: 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 Page(s): 67-69.

Decision rationale: Without the prescribed Motrin, which was deemed not medically necessary inthis review, the patient does not need to take Prilosec and therefore this is not medically necessary.

Motrin 800 q8 #60: 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): 69-72.

Decision rationale: Per MTUS guidelines, "There is inconsistent evidence for the use of these medications (NSAIDS) to treat long term neuropathic pain. For Osteoarthritis the MTUS states that NSAIDs are: "Recommended at the lowest dose for the shortest period" For back pain the MTUS states that : NSAIDS: Recommended as an option for short-term symptomatic relief." For acute flare ups of low back pain MTUS states that NSAIDS are second line after Tylenol." Documentation submitted reveals that patient has been on Motrin long term and does not follow guidelines recommendations therefore Motrin is not medically necessary.

Ambien 10 #60: Upheld

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

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

Decision rationale: The MTUS was reviewed but is silent on insomnia. Per ODG guidelines, Ambien (Zolpidem) is "Not recommended for long-term use, but recommended for short-term use. Emergency department (ED) visits for adverse reactions related to zolpidem increased by almost 220% in a recent 5-year period, according to the Substance Abuse and Mental Health Services Administration (SAMHSA). Women and the elderly appear to be most prone to adverse reactions linked to zolpidem. Doctors should look at alternative strategies for treating insomnia such as sleep hygiene." There is no evidence that alternative sleep strategies have been attempted and Ambien is not for long term use , therefore Ambien 10 #60 is not medically necessary per MTUS guidelines.