

| | | | |
|-----------------------|--------------|------------------------------|------------|
| Case Number: | CM13-0035919 | | |
| Date Assigned: | 12/13/2013 | Date of Injury: | 03/07/2007 |
| Decision Date: | 06/03/2014 | UR Denial Date: | 10/01/2013 |
| Priority: | Standard | Application Received: | 10/18/2013 |

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 Orthopedic Surgery and is licensed to practice in Arizona. 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 48-year-old female who sustained an injury on 3/7/2007. She underwent a cervical fusion from C5-T1. The fusion is solid but she continues to have pain in the cervical spine and upper extremities. The pain is worse with increased activity and better at rest. She has good strength in her upper extremities bilaterally and there are no sensory deficits and no spasticity. She has limited range of motion of her cervical spine. She has tightness in the trapezius musculature and paraspinals radiating into her occiput.

IMR ISSUES, DECISIONS AND RATIONALES

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

AMBIEN 5MG #60: 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 ODG, Pain Chapter, Zolpidem.

Decision rationale: This medication is only approved for short-term (2-6 weeks) of treatment of insomnia. These drugs are habit forming and may impair function and memory more than opioid pain relievers. Therefore, the medical necessity has not been established.

VALIUM 10MG #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 rationale: Benzodiazepines are not recommended for long-term use because long-term efficacy is unproven and there is risk of dependence. Chronic benzodiazepines are the treatment of choice in very few conditions. Therefore, the medical necessity of this drug has not been proven.

NORCO 10/325MG #60 WITH TWO REFILLS: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78-79.

Decision rationale: The chronic pain guidelines outlined the actions that should be taken while a patient is undergoing ongoing management with opioids. There is no documentation of the 4 A's for ongoing monitoring. There is no drug screening. There is no documentation of monitoring for misuse. In addition, the patient has been on this medication since 2010 with no obvious functional improvement. Therefore, the medical necessity of using Norco has not been established.

TOPICAL COMPOUND (FLURBIPROFEN 25%/MENTHOL 10%/CAMPHOR 3%/CAPSAICIN 0.035%): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

Decision rationale: Topical analgesics are largely experimental, recommended for neuropathic pain when trials antidepressants and anticonvulsants failed. Capsaicin is recommended only as an option in patients who have not responded or are intolerant to other treatments. Camphor and menthol are widely used counter irritants in topical medications. Camphor is FDA approved for pain and topical doses of 3% to 11%. The efficacy in clinical trials for the use of topical NSAIDs has been inconsistent and most studies are small and of short duration. The medications may be useful in chronic musculoskeletal pain but there are no long-term studies for their effectiveness or safety. Therefore, the medical necessity for using this medication has not been established.

A PAIN MANAGEMENT PROGRAM: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Programs Page(s): 30-34.

Decision rationale: According to the medical record, this patient's condition has been unchanged since at least January 2013. She continues to require opioids for pain relief. She is on a home exercise program. There is no documentation that she wants to return to work. There is documentation about her frustration with her pain but no documentation that the negative predictors of success have been addressed or there is no documentation that the patient is motivated to change or is willing to forego secondary gains. There has been no baseline functional testing. Therefore, the medical necessity for chronic pain program has not been established.

HOME STRETCHING EXERCISES: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Exercise Page(s): 46-47.

Decision rationale: The patient is on a home exercise program and according to the documentation over the past year she is doing her exercises. This program was set up in previous physical therapy sessions. There is no sufficient evidence to support the recommendation of any particular exercise regimen over any other exercise program. Therefore, since the patient is already on an exercise program, medical necessity of home stretching exercises has not been established.