

Case Number:	CM13-0037336		
Date Assigned:	12/13/2013	Date of Injury:	06/07/2004
Decision Date:	02/19/2014	UR Denial Date:	09/26/2013
Priority:	Standard	Application Received:	10/23/2013

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 Anesthesiology, 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 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 52-year-old female who reported an injury on 06/07/2004. According to the progress report dated 10/25/2013, the patient was previously rendered permanent and stationary. She presented with persistent neck and right upper extremity complaints and states continued numbness and tingling in her right hand. The physical examination revealed tenderness in the cervical paraspinal musculature. Range of motion was restricted, with the patient able to flex to a point where her chin is within 1 finger-breadth of her chest and extend to 30 degrees. Her right shoulder was tender about the biceps tendon and acromioclavicular joint, with the right elbow tender about the lateral epicondyle. The patient was able to flex her elbow to 90 degrees and extend to 0 degrees, and a well-healed surgical scar was also notated. The patient's right knee showed joint line tenderness medially, with the patellar tendon also tender. There was mild swelling noted, but no instability, and the patient was able to flex to 100 degrees and extend to 0 degrees. Under the diagnosis, the patient was listed as having a cervical strain, right shoulder pain following arthroscopy from 03/2005, right elbow pain status post medial epicondylar reconstruction from 09/14/2006. The patient also was diagnosed with right carpal tunnel syndrome, has L5-S1 disc injury with extruded disc and annular tear/facet joint symptoms. The patient also has right knee osteoarthritis following arthroscopy performed on 09/27/2007, and was also noted as having depression. The patient, at that time, remained permanent and stationary. This was on here at the time of the utilization review: 'All pharmacy prescriptions were deemed as non-certified with the exception of Zolpidem. A modification was made to a certification of 1 prescription of Zolpidem 10mg from 30 pills to 22, the remaining 8 were non-certified'. The patient is a 52-year-old female who reported an injury on 06/07/2004. According to the p

IMR ISSUES, DECISIONS AND RATIONALES

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

Motrin 800mg #100: 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 (non-steroidal anti-inflammatory drugs) Page(s): 67-73.

Decision rationale: Under California MTUS, it states that NSAIDs are recommended at the lowest dose for the shortest period in patients with moderate to severe pain. Ibuprofen was noted to be utilized for osteoarthritis and off-label for ankylosing spondylosis. The guidelines also state that there is no evidence of long-term effectiveness of pain or function with the use of NSAIDs. In the case of this patient, the most recent clinical date is the progress report from 10/25/2013 which does not provide objective measurements pertaining to her reduction in pain and functional ability with the use of Motrin. Therefore, it is unclear how effective this medication has been in providing her with sufficient pain relief and functional improvement. Without clear, quantified evidence of significant improvement, continuation for the use of Motrin cannot be established at this time. As such, the requested service for Motrin 800 mg, a total of 100, is non-certified.

Tizanidine 4mg #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants (for pain), Page(s): 63.

Decision rationale: Under California MTUS, it states that muscle relaxants for pain are recommended as a non-sedating muscle relaxant with caution, as a second-line option for short-term treatment of acute exacerbations in patients with chronic low back pain. In the case of this patient, the documentation does not specify that the patient has any findings of acute muscle spasms relating to her injury necessitating the use of this medication. Although the patient has complaints of pain, this is not considered an acute exacerbation. Therefore, the medical necessity for tizanidine cannot be established at this time. As such, the requested service is non-certified.

Hydrocodone/APAP 10/325mg #60: 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) Page(s): 74-96.

Decision rationale: The documentation indicates the patient has previously utilized Hydrocodone/APAP and was recommended for weaning and discontinuation due to a lack of significant improvement with the prior long-term use. Furthermore, the most recent documentation dated 10/25/2013 indicates that the patient has worsening condition; however, there are no objective measurements pertaining to the patient's level of pain, or functional deficits that would necessitate an opioid to relieve her discomfort. Under California MTUS, it states that discontinuing opioids is based on no overall improvement in function, unless there are extenuating circumstances; continuing pain with evidence of intolerable adverse effects; a decrease in functioning; resolution of pain; serious non-adherence is occurring; the patient is requesting discontinuance; evidence of illegal activity; or repeated violations pertaining to abuse of medication. In the case of this patient, previous documentation has noted that the patient has had no overall improvement in function which would indicate the Norco is not providing her with sufficient pain relief for ongoing use. Furthermore, the documentation does not provide evidence of extenuating circumstances to warrant ongoing use. Therefore, the continuation of Hydrocodone/APAP 10/325 mg, a total of 60 tablets, cannot be certified at this time.

Tramadol 50mg #60is not: 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): 74-96.

Decision rationale: Under California MTUS, tramadol is not classified as a controlled substance by the DEA. However, the prior recommendation from 05/2013 noted that the patient was recommended to discontinue and wean from the medication due to a lack of significant improvement with prior long-term use. Without having objective measurements pertaining to the efficacy from the use of this medication, (for example relief from pain and functional improvement) the medical necessity for continuation of its use cannot be established. As such, the requested service is non-certified.

Zolpidem 10mg #30is not: 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: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Zolpidem (Ambien®).

Decision rationale: Under Official Disability Guidelines, it states that Zolpidem is a short-acting non-benzodiazepine hypnotic, which is approved for the short term (usually 2 to 6 weeks) treatment of insomnia. In the case of this patient, it was noted that she has been utilizing this medication since at least 06/2013. However, due to the non-recommendation for long-term use

beyond 6 weeks, the patient has clearly exceeded the short-term recommendation. Furthermore, the documentation does not state the patient has had sufficient efficacy from prior use of Zolpidem. Therefore, the medical necessity for continuation of use cannot be established. As such, the requested service is non-certified