

Case Number:	CM13-0047096		
Date Assigned:	12/27/2013	Date of Injury:	01/07/2009
Decision Date:	09/09/2014	UR Denial Date:	10/31/2013
Priority:	Standard	Application Received:	11/04/2013

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 Anesthesiologist Pain Medicine and is licensed to practice in Florida. 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:

The patient is a 57-year-old female who reported injury on 01/07/2009. The mechanism of injury was noted to be the patient jammed her right 1st metatarsal against furniture caster while at work. The patient had a left shoulder arthroscopy on 11/17/2009 which included extensive intra-articular shaving, repair and debridement of a type I superior labrum anterior and posterior SLAP tear, subacromial bursectomy, SAD and mini Mumford. The most recent clinical documentation of 09/12/2013 indicated the patient had diagnoses of right shoulder internal derangement status post arthroscopic repair, bilateral carpal tunnel syndrome, hypertension out of control due to orthopedic injury, anxiety reaction, sleep disorder, weight gain secondary to orthopedic condition, and left tennis elbow. The patient indicated she had received prior acupuncture and it helped her neck and shoulder pain and was requesting acupuncture. The patient's pain and stiffness in the neck were noted to be 6/10. It was indicated the patient continued to take pain medications. The cervical spine paravertebral muscles were tender to palpation and spasm was present and range of motion was restricted. The patient's medications were noted to be Zolpidem Tartrate 10 mg once a day, Carisoprodol 350 mg 1 tablet twice a day, and Medrox pain relief ointment twice a day. The request was made for a refill of the medications, an MRI of the cervical spine due to worsening pain, and acupuncture treatment.

IMR ISSUES, DECISIONS AND RATIONALES

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

CERVICAL SPINE MRI: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-179.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-179.

Decision rationale: ACOEM Guidelines indicate that the criteria for ordering imaging studies include a red flag, physiologic evidence of tissue insult or neurologic dysfunction, failure to progress in a strengthening program intended to avoid surgery and for clarification of the anatomy prior to an invasive procedure. Unequivocal findings that identify specific nerve compromise on the neurologic examination are sufficient to warrant imaging studies if symptoms are present. The clinical documentation submitted for review failed to indicate the patient had myotomal or dermatomal findings upon physical examination. Given the above, the request for a cervical spine MRI is not medically necessary.

ZOLPIDEM TARTARATE 10MG #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), TREATMENT IN WORKER'S COMPENSATION, 9TH EDITION, 2013, PROCEDURE SUMMARY, PAIN (CHRONIC): 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: Official Disability Guidelines (ODG) indicates it is for the short-term treatment of insomnia, generally 2 - 6 weeks. The clinical documentation submitted for review indicated that the patient had been on Zolpidem for a long duration of time as the clinical documentation dated 09/17/2012 indicated the patient was taking the medication at that time and as such, the duration of care would be greater than 1 year. The prescription for a renewal was dated 09/12/2013. There was a lack of documentation of objective functional benefit and a necessity for long-term treatment as per Official Disability Guidelines (ODG) Zolpidem Tartrate is for a short-term use less than 6 weeks. Given the above, the request for Zolpidem tartrate 10 mg #30 is not medically necessary.

CARISOPRODOL 350MG #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CARISOPRODOL (SOMA) Page(s): 29.

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

Decision rationale: California MTUS Guidelines indicate that muscle relaxants are prescribed as a second line option for short-term treatment of acute exacerbations of low back pain for no

more than 2 to 3 weeks. The clinical documentation submitted for review failed to indicate the objective functional benefit of the medication. It was noted the patient was on the medication as of 09/17/2012 and it was re-prescribed the medication on 09/12/2013. There was a lack of documentation of exceptional factors to warrant non-adherence to guideline recommendations. Given the above, the request for carisoprodol 350 mg #60 is not medically necessary.

MEDROX PAIN OINTMENT: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TOPICAL ANALGESICS Page(s): 111-113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Salicylate, Topical Analgesic, Topical Capsaicin Page(s): 105, 111, 28.

Decision rationale: California MTUS indicates that topical analgesics are largely experimental in use with few randomized control trials to determine efficacy or safety are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Capsaicin: Recommended only as an option in patients who have not responded or are intolerant to other treatments. There have been no studies of a 0.0375% formulation of Capsaicin and there is no current indication that this increase over a 0.025% formulation would provide any further efficacy." Additionally it indicates that Topical Salicylates are approved for chronic pain. According to the Medrox package insert, Medrox is a topical analgesic containing Menthol 5.00% and 0.0375% Capsaicin and it is indicated for the "temporary relief of minor aches and muscle pains associated with arthritis, simple backache, strains, muscle soreness, and stiffness." The clinical documentation submitted for review failed to provide the efficacy of the requested medication. This was not a new prescription per the submitted documentation. The medication was re-prescribed on 09/19/2013. As capsaicin is not approved and Medrox is being used for chronic pain, the request would not be supported. The request as submitted failed to indicate the quantity of Medrox pain ointment being requested. Given the above, the request for Medrox pain ointment is not medically necessary.

acupuncture to the neck, left shoulder, and wrists (12 sessions): Upheld

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: California MTUS guidelines state that acupuncture is used as an option when pain medication is reduced or not tolerated and it is recommended as an adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery. Acupuncture can be used to reduce pain, reduce inflammation, increase blood flow, increase range of motion, decrease the side effect of medication-induced nausea, promote relaxation in an anxious patient, and reduce muscle spasm. The time to produce functional improvement is 3 - 6 treatments and Acupuncture treatments may be extended if functional improvement is documented including

either a clinically significant improvement in activities of daily living or a reduction in work restrictions. The clinical documentation submitted for review indicated the injured worker had previously received acupuncture and it helped her neck and shoulder pain, however, there was a lack of documentation of objective functional improvement with the prior sessions. The request for 12 sessions would be excessive without re-evaluation. Given the above, the request for acupuncture to the neck, left shoulder, and wrists (12 sessions) is not medically necessary.