MAXIMUS Federal Services

Case Number:	CM13-0062267		
Date Assigned:	12/30/2013	Date of Injury:	01/15/2011
Decision Date:	04/11/2014	UR Denial Date:	11/14/2013
Priority:	Standard	Application Received:	12/06/2013

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 Occupational Medicine 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:

The applicant has filed a claim for chronic low back pain associated with an industrial injury of January 5, 2011. Thus far, the applicant has been treated with following: analgesic medications; attorney representation; muscle relaxants; adjuvant medications; transfer of care to and from various providers in various specialties; various interventional spine procedures; MRI imaging of the injured shoulder on February 7, 2012, notable for a complete supraspinatus tendon tear; and extensive periods of time off of work, on total temporary disability. In a clinical progress note of October 30, 2013, the applicant presented with multifocal shoulder, hand, and knee pain with associated numbness, tingling, paresthesias about the hands. The applicant is dropping things. The applicant is having difficulty with performing basic activities of daily living such as writing, dressing herself, grasping, jumping, standing, driving, etc. The applicant exhibits tenderness about multiple body parts. Diminished grip strength is noted about the right side versus the left. There is some evidence of thenar atrophy. The applicant is asked to pursue a shoulder arthroscopy and rotator cuff repair surgery while remaining off of work, on total temporary disability. In an interventional spine procedure of October 30, 2013, the applicant's pain physician seeks authorization for epidural steroid injection therapy and sacroiliac joint injection therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

NORFLEX 100MG #60 PROVIDED ON 10/30/2013: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 65.

Decision rationale: The Chronic Pain Medical Treatment Guidelines state that Norflex is a muscle relaxant which was FDA approved in 1959. In this case, however, as with the other drugs, the applicant has used this particular agent chronically and has failed to derive any lasting benefit or functional improvement through prior usage. The applicant remains off of work, on total temporary disability, and continues to report difficulty even performing basic activities of daily living such as gripping, grasping, dressing and undressing herself, writing, communicating, etc. Her pain complaints are heightened as opposed to reduced. All of the above, taken together imply that ongoing usage of Norflex has been ineffectual and further implies a lack of functional improvement as defined by the parameters established in the guidelines, despite ongoing usage of the same. Therefore, Norflex was not medically necessary or appropriate.

AMBIEN 10MG #60 PROVIDED ON 10/30/2013: 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 - Pain Chapter

Decision rationale: The Official Disability Guidelines state that zolpidem (Ambien) is indicated only in the short-term management of insomnia, typically on the order of two to six weeks. It is not recommended on the chronic, long-term, or scheduled basis for which it is being proposed here. Therefore, Ambien was not medically necessary or appropriate.

NEURONTIN 300MG #60 PROVIDED ON 10/30/2013: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 19.

Decision rationale: The Chronic Pain Medical Treatment Guidelines state that an applicant should be asked (at each visit) whether there has been a change in pain or function as a result of ongoing gabapentin (Neurontin) usage. In this case, however, the applicant has, as with the other medications, used Neurontin chronically and has failed to derive any lasting benefit or functional improvement through prior usage of the same. The fact that the applicant remains off of work, on total temporary disability and remains highly reliant on various analgesic medications, adjuvant medications, sleep aids, and interventional spine procedures such as sacroiliac joint injections and epidural injections, taken together, implies a lack of functional improvement as defined in

the guidelines, despite prior usage of gabapentin. Therefore, Neurontin was not medically necessary or appropriate.