

Case Number:	CM13-0064331		
Date Assigned:	01/03/2014	Date of Injury:	12/18/1997
Decision Date:	04/21/2014	UR Denial Date:	11/26/2013
Priority:	Standard	Application Received:	12/11/2013

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 Anesthesiology and Pain Management and is licensed to practice 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 56-year-old female who reported injury on 12/18/1997. The mechanism of injury was not provided. The patient's medication history included Ambien CR, Baclofen, Flexeril, Vicodin, Celebrex, and fentanyl as of early 2013, and the patient was noted to have urine drug screen that was consistent with medications being taken in early 2013. The patient had a cervical epidural injection on the right on 07/12/2013. The physical examination revealed the patient had radicular pain in the right upper extremity with decreased sensation over the C5-6 nerve distribution. There was decreased grip strength and dexterity. The patient had a decreased biceps reflex. The patient's diagnoses were noted to include lumbago, thoracolumbar "nurit"/radiculitis, unspecified, cervicalgia, cervical cranial syndrome, and degeneration of the lumbar/lumbosacral intervertebral disc. The request was made for continuation of medications, an epidural steroid injection, and aqua therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

A SELECTIVE CES INJECTION, RIGHT C5-C6: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injection Section Page(s): 46.

Decision rationale: The California MTUS Guidelines recommend repeat epidural steroid injections when there is documentation of an objective decrease in the VAS score and objective functional improvement, including at least 50% pain relief with associated reduction of medication use for 6 weeks to 8 weeks. The clinical documentation submitted for review failed to provide documentation of the above recommendations. It was indicated the patient had a previous injection on 07/12/2013. However, given the lack of documentation of an objective decrease in the VAS score and objective functional improvement, as well as a reduction of medication use for 6 weeks to 8 weeks, the request for Selective CES injection, right C5, C6 is not medically necessary.

AMBIEN 5 MG #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)

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 Section

Decision rationale: The Official Disability Guidelines (ODG) indicates Zolpidem (Ambien) is appropriate for the short term treatment of insomnia, generally 2 weeks to 6 weeks. The clinical documentation submitted for review indicated the patient had been taking the medication since early 2013. The efficacy of the medication was not provided. There was a lack of documentation indicating exceptional factors to warrant non-adherence to guideline recommendations. Given the above, the request for Ambien 5mg 1 qhs #30 is not medically necessary.

AMRIX 30 MG #30: Upheld

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

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

Decision rationale: The California MTUS guidelines recommend muscle relaxants as a second line option for the short term treatment of acute low back pain and their use is recommended for less than 3 weeks. There should be documentation of objective functional improvement. The clinical documentation submitted for review does provide evidence that the patient has been on this medication for an extended duration of time and there is a lack of documentation of objective improvement. The clinical documentation submitted for review indicated that the patient had been on the medication since early 2013. There was a lack of documentation of objective functional improvement. Therefore, continued use would not be supported. There was a lack of documentation indicating the necessity for 2 muscle relaxants. This request is concurrently being reviewed for Baclofen and Amrix. Given the above, the request for Amrix 30mg 1 qd #30 is not medically necessary.

AQUATHERAPY FOR KNEE PAIN: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic Therapy Section Page(s): 22.

Decision rationale: The California MTUS Guidelines recommend aquatic therapy as an optional form of exercise therapy that is specifically recommended where reduced weight bearing is desirable. The guidelines indicate the treatment for myalgia and myositis is 9 visits to 10 visits. The clinical documentation submitted for review failed to indicate the patient had a necessity for reduced weight-bearing. Additionally, there was a lack of documentation indicating an objective physical examination to support a necessity for therapy. The request as submitted failed to indicate the quantity of aquatic therapy that was being requested and the laterality of the body part to be treated. Given the above, the request for Aqua therapy for knee pain is not medically necessary.