

Case Number:	CM13-0065078		
Date Assigned:	01/03/2014	Date of Injury:	02/15/2011
Decision Date:	05/30/2014	UR Denial Date:	11/22/2013
Priority:	Standard	Application Received:	12/12/2013

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 Physical Medicine and Rehabilitation and Pain Management, has a subspecialty in Pain Medicine and is licensed to practice in Oklahoma and Texas. 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 injured worker is a 59-year-old female who reported an injury on 02/19/2011. The mechanism of injury was not stated. Current diagnoses include cervicalgia, lumbago, and sciatica. The injured worker was evaluated on 12/16/2013. The injured worker reported persistent neck pain, lower back pain, and bilateral lower extremity pain. The injured worker has been previously treated with physical therapy and a transforaminal epidural steroid injection. Current medications include Gabapentin 300 mg, Topamax 50 mg, Ambien 5 mg, Norco 10/325 mg, Orphenadrine 100 mg, and Flexeril 10 mg. Physical examination revealed tenderness to palpation of the lumbar spine, tenderness of the right greater trochanter and bilateral Sacroiliac Joint (SI) joints, and negative Patrick's testing. Treatment recommendations included continuation of current medications and 8 sessions of pool therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

POOL THERAPY, CERVICAL AND LUMBAR SPINE # 9: Upheld

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

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

Decision rationale: California MTUS Guidelines state aquatic therapy is recommended as an optional form of exercise therapy, where available as an alternative land-based physical therapy. There is no indication that this injured worker requires reduced weight bearing as opposed to land-based physical therapy. There is also no documentation of objective functional improvement following an initial course of pool therapy. As such, the request is not medically necessary and appropriate.

TOPAMAX 50 MG # 60 X 3: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines ANTI EPILEPSY DRUGS (AED'S).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 16-21.

Decision rationale: California MTUS Guidelines state Topamax has been shown to have variable efficacy, with failure to demonstrate efficacy in neuropathic pain of central etiology. It is considered for use for neuropathic pain when other anticonvulsants have failed. The injured worker has utilized Topamax 50 mg since 05/2013. There is no documentation of objective functional improvement. There is also no evidence of a failure to respond to first-line anticonvulsants prior to the initiation of a second-line option. There is also no frequency listed in the current request. Therefore, the request is not medically necessary and appropriate.

AMBIEN 5 MG # 30 X3: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (Odg) Chronic Pain Chapter, Insomnia Treatment.

Decision rationale: Official Disability Guidelines state insomnia treatment is recommended based on etiology. Ambien is indicated for the short-term treatment of insomnia with difficulty of sleep onset for 7 to 10 days. The injured worker has utilized Ambien 10 mg since 08/2013. There is no documentation of chronic insomnia or sleep disturbance. There is also no evidence of a failure to respond to non-pharmacologic treatment, as recommended by Official Disability Guidelines. There is no frequency listed in the current request. As such, the request is not medically necessary and appropriate.

NORCO 10/325 # 60 X 3 REFILLS: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 74-82.

Decision rationale: California MTUS Guidelines state a therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should occur. The injured worker has utilized Norco 10/325 mg since 08/2013. The injured worker continues to report persistent pain. There is no documentation of objective functional improvement. There is also no frequency listed in the current request. As such, the request is not medically necessary and appropriate.

OPHENADRINE 100 MG # 60 X 3: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines MUSCLE RELAXANTS (FOR PAIN).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 63-66.

Decision rationale: California MTUS Guidelines state muscle relaxants are recommended as non-sedating second-line options for short-term treatment of acute exacerbations. The injured worker has utilized Orphenadrine 100 mg since 08/2013. There is no evidence of palpable muscle spasm or spasticity upon physical examination. As guidelines do not recommend long-term use of this medication, the current request cannot be determined as medically appropriate. Additionally, there is no frequency listed in the current request. Based on the clinical information received, the request is not medically necessary and appropriate.

FLEXERIL 10 MG # 60 x 3: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines MUSCLE RELAXANTS (FOR PAIN).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 63-66.

Decision rationale: California MTUS Guidelines state muscle relaxants are recommended as non-sedating second-line options for short-term treatment of acute exacerbations. Flexeril should not be used for longer than 2 to 3 weeks. The injured worker has utilized Flexeril 10 mg since 05/2013. There is no evidence of palpable muscle spasm or spasticity upon physical examination. The injured worker also utilizes Orphenadrine 100 mg. The medical necessity for 2 separate muscle relaxants has not been established. There is also no frequency listed in the current request. As such, the request is not medically necessary and appropriate.