

Case Number:	CM14-0001949		
Date Assigned:	01/22/2014	Date of Injury:	05/27/2008
Decision Date:	06/23/2014	UR Denial Date:	12/26/2013
Priority:	Standard	Application Received:	01/06/2014

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 patient is a 50-year-old female who has filed a claim for cervicgia associated with an industrial injury date of May 27, 2008. Review of progress notes reports migraine headaches, neck pain, and low back pain. Patient also notes numbness and tingling of bilateral toes. Cervical MRI, dated March 04, 2013, showed post-fusion changes, and disc protrusions at C3-4 and C7-T1 without cord compression. Lumbar MRI, dated May 08, 2013, showed mild spondylosis resulting in mild bilateral foraminal narrowing at L5-S1. Treatment to date has included non-steroidal anti-inflammatory drugs (NSAIDs), opioids, muscle relaxants, sedatives, Topamax, sumatriptan, Zofran, promethazine, Ambien, Toradol injections, physical therapy, and chiropractic therapy. Patient had cervical spinal surgeries in October 2009, and December 2010. Utilization review from December 26, 2013 denied the request for lumbar spine MRI as patient did not complain of radicular symptoms, and Flexeril as it is not recommended for long-term use. There is modified certification for Ambien for #20 as long-term use is not supported and to prevent abrupt discontinuation, and for Tylenol with codeine for #67 as there is no documentation regarding benefit with this medication, and decreasing amount of opioids by 10% weekly is necessary until the ideal quantity is achieved.

IMR ISSUES, DECISIONS AND RATIONALES

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

FLEXERIL 10MG #90 WITH 3 REFILLS: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES,

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

Decision rationale: According to the Chronic Pain Guidelines, non-sedating muscle relaxants are recommended with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP (lower back pain). They may be effective in reducing pain and muscle tension, and increasing mobility. However, they show no benefit beyond NSAIDs (non-steroidal anti-inflammatory drugs) in pain and overall improvement. Patient has been on this medication since at least May 2012. This medication is not recommended for long-term use. Therefore, the request for Flexeril 10mg #90 with 3 refills was not medically necessary per the guideline recommendations.

AMBIEN 5MG #60 WITH 2 REFILLS: 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), 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, Ambien (zolpidem tartrate)

Decision rationale: According to the Official Disability Guidelines, Ambien is approved for the short-term (usually two to six weeks) treatment of insomnia. There is also concern that they may increase pain and depression over the long-term. Patient has been on this medication since June 2013. Recent progress notes do not document sleep issues. Therefore, the request for Ambien 5mg #60 with 2 refills is not medically necessary.

TYLENOL WITH CODEINE #4 300/60MG #90: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, OPIOIDS

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS Page(s): 78-81.

Decision rationale: According to the Chronic Pain Guidelines, there is no support for ongoing opioid treatment unless there is ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Patient has been on this medication since June 2013. However, there is no documentation of periodic urine drug screens or of objective

functional improvements derived from this medication. Therefore, the request for Tylenol with codeine #4 300/60mg #90 is not medically necessary.