

Case Number:	CM14-0003639		
Date Assigned:	01/31/2014	Date of Injury:	07/23/2007
Decision Date:	06/20/2014	UR Denial Date:	12/17/2013
Priority:	Standard	Application Received:	01/09/2014

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 Physical Medicine & Rehabilitation and is licensed to practice in 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 male who reported an injury on 06/09/2005 secondary to specific and continuous trauma. The clinical note dated 01/07/2014 reported the injured worker complained of left neck pain rated at an 8/10 without medication and a 6/10 with medications with the pain radiating to his left shoulder and left arm. The injured worker reportedly stated that he had difficulty completing activities of daily living to include cooking, cleaning, bathing, dressing and anything that involves the use of his left hand. He also reported he has problems sleeping due to the pain and he was depressed and had anxiety. The injured worker's medication regimen included Norco, Soma, Ambien, and Cymbalta. The physical examination reported left paracervical tenderness and guarding, positive left axial head compression, and positive left Spurling sign. There was negative Tinel's, median nerve compression, Finkelstein test, and grinds test to the bilateral wrists. The injured worker's urine drug screen was positive for opioids only consistent with his analgesic regimen. He had undergone surgery for carpal tunnel release in 2005 and multi-level posterior cervical laminectomy, decompression and fusion form C3 to C7. Additionally, he has undergone a series of epidural steroid injections without significant benefit. The diagnoses include chronic central pain syndrome. The treatment included a narcotic contract signed and refill of Norco, Soma, Cymbalta, and Ambien. The request for authorization was not submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

PRESCRIPTION OF AMBIEN 10MG, 1 TABLET BY MOUTH, AT BEDTIME: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Pain Chapter, Insomnia Treatment.

Decision rationale: The Official Disability Guidelines recommend Ambien as a first-line medication for insomnia, additionally indicated for the short-term treatment of insomnia with difficulty of sleep onset (7-10 days). Ambien CR is indicated for treatment of insomnia with difficulty of sleep onset and/or sleep maintenance. The clinical information, provided for review states the injured worker has been taking Ambien since approximately 01/2013 which far exceeds the evidence based guideline recommendation of short-term treatment of 7-10 days. Therefore, the request for Ambien 10mg at bedtime is not medically necessary.

PRESCRIPTION OF VICODIN ES #90, 1 TABLET BY MOUTH THREE TIMES A DAY AS NEEDED: 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 (HYDROCODONE/ACETAMINOPHEN), 91

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 80.

Decision rationale: The CA MTUS Guidelines recommend ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. The guidelines note a pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Based on the documentation provided for review, the injured worker is on narcotic contract with their physician's office and urine drug screens have been appropriate. However there is no clear documentation the injured worker has had a decrease in pain over the course of treatment or the injured worker has had significant objective functional improvement with the medication. In addition, the requesting physician did not include an adequate and complete assessment of the injured workers pain. Therefore, the request for Vicodin ES #90 is not medically necessary.

PRESCRIPTION OF SOMA 350MG, 1 TABLET THREE TIMES A DAY: 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, CARISOPRODOL (SOMA), 65

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 63-65.

Decision rationale: The CA MTUS Guidelines recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic back pain. Further, the guidelines do not recommend Soma longer than a 2 to 3 week period. The guidelines also state in most back pain cases, muscle relaxants show no benefit beyond NSAIDs in pain and overall improvement. The efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. The clinical information states the injured worker has been taking this medication since approximately 01/2013 which far exceeds the evidence based guideline recommendation of 2 to 3 weeks and there is also a lack of documentation to support the injured worker suffers from muscle spasm. Therefore, the request for Soma 350mg is not medically necessary.

PRESCRIPTION OF CYMBALTA 60MG, EVERY DAY FOR NERVE PAIN: 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, DULOXETINE, 15-16

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 13-16.

Decision rationale: The CA MTUS Guidelines state Cymbalta is FDA-approved for anxiety, depression, diabetic neuropathy, and fibromyalgia. Guidelines also state this medication is used off-label for neuropathic pain and radiculopathy. The clinical information, provided for review, documents the injured worker has signs of radiating pain; however, there is a lack of documentation to support symptoms consistent with radiculopathy to include numbness, tingling and/or loss of motor strength. Therefore, the request for Cymbalta 60mg is not medically necessary.