

Case Number:	CM14-0006166		
Date Assigned:	05/21/2014	Date of Injury:	01/18/2012
Decision Date:	08/07/2014	UR Denial Date:	12/26/2013
Priority:	Standard	Application Received:	01/16/2014

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:

This is a 46-year-old female with a 1/18/12 date of injury. She was injured when she was pulling a 30-pound box out of a freezer and experienced low back pain and radicular symptoms and signs. In a 2/26/14 progress note, the patient complained of low back pain predominantly left-sided, with radiation to the left leg, neck pain with pain shooting to left shoulder and arm, headaches, intermittent, controlled with Topamax, stomach upset due to medication use. She rated her pain as a 7/10 on a pain scale of 0-10. Objective findings: palpation of lumbar spine shows slight spasm with tenderness, palpation of cervical spine shows slight tenderness and spasm. Diagnostic impression: lumbar strain predominantly left-sided with left lumbar radiculopathy, persistent cervical strain and cervicogenic posttraumatic headaches, cervical radiculopathy with left upper extremity numbness and pain, secondary depression due to chronic pain. Treatment to date: medication management, activity modification, physical therapy. A UR decision dated 12/26/13 denied the requests for Chiropractic sessions, Norco, Vicodin, Topamax, and Ambien. Chiropractic sessions were denied because it was noted that the patient has had prior chiropractic care and no specific functional benefit was noted in regard to lumbar spine treatment and only improved headaches with cervical spine treatment. Regarding Norco and Vicodin, there was no quantifiable documentation of the claimant's current pain levels, efficacy with prior use and documentation of current urine drug test, risk assessment profile, attempt at weaning/tapering, and an updated and signed pain contract between the provider and claimant. Regarding Topamax, the request was modified to a 2 month supply to allow opportunity for submission of medication compliance guidelines including ongoing efficacy with medication use. Regarding Ambien, the request was modified to a 2 month supply for initiation of downward titration and complete discontinuation of use.

IMR ISSUES, DECISIONS AND RATIONALES

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

CHIROPRACTIC SESSIONS (CERVICAL, LUMBAR) (2 X 4): Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 298-299, Chronic Pain Treatment Guidelines 9792.23.1 Neck and Upper Back Complaints; 9792.23.25 Low Back Complaints; 9792.24.2 Page(s): 58. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back Chapter.

Decision rationale: CA MTUS states that manipulation appears safe and effective in the first few weeks of back pain without radiculopathy. In addition, a request to initiate treatment would make it reasonable to require documentation of objective functional deficits, and functional goals for an initial trial of 6 chiropractic/manipulation treatment. CA MTUS states using cervical manipulation may be an option for patients with neck pain or cervicogenic headache, but there is insufficient evidence to support manipulation of patients with cervical radiculopathy. In addition, ODG supports a trial of 6 visits and with evidence of objective functional improvement, up to a total of up to 18 visits. In a report dated 10/2/12 the physician requested a trial of 6 chiropractic treatment for low back pain and neck pain. However, it is unknown if the patient received these treatments. There is no documentation of objective functional gains or improvement with activities of daily living if she had received the treatments. In addition, according to the most current progress note dated 2/26/14, the physician specifically states he is requesting a trial of 8 chiropractic sessions. Guidelines only support a trial of up to 6 visits. Therefore, the request for Chiropractic Sessions (Cervical, Lumbar) (2 X 4) are not medically necessary.

GENERIC NORCO 10/325MG #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 Page(s): 78-81.

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines do not support ongoing opioid treatment unless prescriptions are from a single practitioner and are taken as directed; are prescribed at the lowest possible dose; and unless there is ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. In the reports reviewed, there is no documentation of significant pain reduction or improved activities of daily living. In addition, there is no documentation of lack of aberrant behavior or adverse side effects, an opioid pain contract, urine drug screen, or CURES monitoring. Furthermore, there is also a request for Vicodin. There is no rationale as to why the patient would need two different opioid medications both containing hydrocodone and acetaminophen,

which could increase the risk of opioid side effects and acetaminophen toxicity. Therefore, the request for Generic Norco 10/325 mg #90 is not medically necessary.

VICODIN #40: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 Page(s): 78-81.

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines do not support ongoing opioid treatment unless prescriptions are from a single practitioner and are taken as directed; are prescribed at the lowest possible dose; and unless there is ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. In the reports reviewed, there is no documentation of significant pain reduction or improved activities of daily living. In addition, there is no documentation of lack of aberrant behavior or adverse side effects, an opioid pain contract, urine drug screen, or CURES monitoring. In addition, there is also a request for Norco. There is no rationale as to why the patient would need two different opioid medications both containing hydrocodone and acetaminophen, which could increase the risk of opioid side effects and acetaminophen toxicity. Furthermore, according to a 2/26/14 progress note, the physician says the patient is to discontinue Vicodin and continue Norco. It is unclear why there is a request for Vicodin at this time. Therefore, the request for Vicodin #40 is not medically necessary.

TOPAMAX 50MG: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 Page(s): 16-21.

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines state that Topiramate is considered for use for neuropathic pain when other anticonvulsants fail. In the reports reviewed, there is no documentation that the patient has tried a first-line agent for her neuropathic pain, such as gabapentin. In addition, it is unclear if the patient is taking Topamax for neck pain or for migraines. In the reports reviewed, there is documentation of both. Guidelines do not support the use of Topamax for migraine headaches. Furthermore, the quantity of the medication is not noted in this request. Therefore, the request for Topamax 50 mg was not medically necessary.

AMBIEN 10MG: 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) Pain Chapter, Ambien Other Medical Treatment Guideline or Medical Evidence: FDA (Ambien).

Decision rationale: CA MTUS does not address this issue. ODG and the FDA state that Ambien is approved for the short-term (usually two to six weeks) treatment of insomnia. Additionally, pain specialists rarely, if ever, recommend Ambien for long-term use. In the reports reviewed, the patient is documented to have been on Ambien since at least 11/19/12, if not earlier. A specific rationale identifying why Ambien is required in this patient despite lack of guideline support was not provided. Furthermore, the quantity requested was not noted in this request. Therefore, the request for Ambien 10mg is not medically necessary.