

Case Number:	CM14-0006824		
Date Assigned:	02/07/2014	Date of Injury:	05/22/2002
Decision Date:	07/11/2014	UR Denial Date:	12/17/2013
Priority:	Standard	Application Received:	01/17/2014

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 52-year-old female who has filed a claim for cervical spine junctional disc herniation associated with an industrial injury date of May 22, 2002. Review of progress notes indicates neck pain radiating to the bilateral upper extremities, and low back pain radiating to the left lower extremity. Findings of the cervical spine include tenderness, decreased range of motion, and positive compression test. Regarding the lumbar spine, findings include spasm and tenderness, pain upon movement, and positive sciatic stretch bilaterally. The patient has returned to work with modified duties. The treatment to date has included non-steroidal anti-inflammatory drugs (NSAIDs), opioids, muscle relaxants, triptans, zolpidem, aqua therapy, gym, home exercises, acupuncture, Smart Glove, Toradol and B12 injections, and cervical spinal surgery. The utilization review from December 17, 2013 denied the requests for Norco 10/325mg #60 and Ultram 50mg #60 as documentation does not indicate presence of moderate to severe pain, benefit with use of these medications, and medication use monitoring; Tizanidine 4mg #60 as it is not recommended for long term use; and Ambien 10mg #30 as there is no clear documentation of sleep difficulty.

IMR ISSUES, DECISIONS AND RATIONALES

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

NORCO 10/325MG #60, ONE (1) BY MOUTH EVERY EIGHT (8) HOURS, AS NEEDED: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use; On-Going Management Page(s): 78-82.

Decision rationale: The Chronic Pain Guidelines indicate that 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. The patient has been on this medication since November 2013. An appeal dated December 25, 2013 indicates that the use of opioid medications allowed the patient to perform therapeutic exercises and activities of daily living. This patient is also able to return to work with modified duties. In this case, the continued use of opioid medication is reasonable as this patient has been able to manage the pain levels and increase functionality at home and at work. Therefore, the request for Norco 10/325mg #60 is medically necessary.

ULTRAM 50MG #60, ONE TO TWO (1-2) BY MOUTH EVERY FOUR TO SIX (4-6) HOURS, AS NEEDED: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use; On-Going Management Page(s): 78-82.

Decision rationale: The Chronic Pain Guidelines indicate that 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. Tramadol is indicated for moderate to severe pain. It may increase the risk of seizure especially in patients taking selective serotonin reuptake inhibitors (SSRIs), tricyclic antidepressants (TCAs), and other opioids. It may produce serotonin syndrome when used concomitantly with SSRIs, serotonin-norepinephrine reuptake inhibitors (SNRIs), TCAs, monoamine oxidase inhibitors (MAOIs), and triptans or drugs that impair serotonin metabolism. The patient has been on this medication since at least April 2013. An appeal dated December 25, 2013 indicates that the use of opioid medications allowed the patient to perform therapeutic exercises and activities of daily living. This patient is also able to return to work with modified duties. However, the guidelines state that use of this medication with other opioids can increase the risk of seizures. The patient is currently on Norco. Therefore, the request for Ultram 50mg #60 is not medically necessary.

TIZANIDINE 4MG #60, ONE (1) BY MOUTH TWICE DAILY, AS NEEDED: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)-TWC, Pain Procedure Summary (last updated 10/14/2013).

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

Decision rationale: The Chronic Pain Guidelines indicate that non-sedating muscle relaxants are recommended with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic low back pain. They may be effective in reducing pain and muscle tension, and increasing mobility. However, they show no benefit beyond non-steroidal anti-inflammatory drugs (NSAIDs) in pain and overall improvement. The patient has been on this medication since November 2013, and on cyclobenzaprine previous to that. An appeal dated December 25, 2013 indicated that the patient has significant spasms over the shoulder and cervical paraspinals. The patient presents with low back pain with spasms and tenderness. Urine drug screen dated December 30, 2013, detected the presence of cyclobenzaprine, which was not being prescribed. Associated use of this medication is not necessary at this time, as the patient apparently has been using cyclobenzaprine as well, another muscle relaxant. Therefore, the request for Tizanidine 4mg #60 is not medically necessary.

AMBIEN 10MG #30, ONE (1) BY MOUTH AT HOUR OF SLEEP: 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)-TWC Pain Procedure Summary (last updated 10/14/2013).

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: The Official Disability Guidelines indicate that 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. The patient has been on this medication since at least April 2013. An appeal dated December 25, 2013 indicated that the patient has been experiencing chronic pain, consequently contributing to the development of sleeping difficulties. However, the progress notes do not describe the patient's sleep issues, and do not document any benefits derived from use of this medication since April 2013. Also, long-term use of this medication is not recommended. Therefore, the request for Ambien 10mg #30 is not medically necessary.