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| Case Number: | CM14-0018770 | | |
| Date Assigned: | 04/18/2014 | Date of Injury: | 05/23/1997 |
| Decision Date: | 07/02/2014 | UR Denial Date: | 01/28/2014 |
| Priority: | Standard | Application Received: | 02/13/2014 |

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 and Rehabilitation 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 45 female who was injured on 05/23/1997 due to repetitive activities at work. Prior treatment history has included medication as Celebrex 200 mg, Cymbalta 60 mg, Ambien 10 mg, Lidoderm 5% patch, Zanaflex 4 mg, Norco 10/325, Voltaren 1% gel. Current medication as reported in PR2 dated 01/15/2014 Celebrex 200 mg, Cymbalta 60 mg, Ambien 10 mg, Zanaflex 4 mg, Norco 10/325, Voltaren 1% gel, Lidoderm 5% patch, Dilantin 100 mg, levothroid 125 mg. Diagnostic studies reviewed include EMG/NCS dated 07/22/2008 does not suggest radiculopathy. There are no signs of peripheral neuropathy. EMG reports are negative for carpal tunnel. MRI of the cervical spine dated 03/23/2010, complete C5-C6 and partial C6-C7 anterior spinal fusion, minimal mild posterior central C4-C5 focal disc protrusion. Urine toxicology dated 11/21/2012 was positive for opiate, hydrocodone, norhydrocodone and also positive for buprenorphine. PR2 dated 01/15/2014 documented the patient had complaints of neck pain and right shoulder pain. The patient states that there is no change in the location of pain. There are no new problems or side effects. The patient states the medications are working well. She was taking the medication as prescribed. The patient noted an increased frequency of HA's. The patient states SCS does not alleviate her HA symptoms. However, she notes that SCS continues to be successful in alleviating her neck and low back symptoms. Objective findings on exam reveals no cervical lordosis, asymmetrical or abnormal curvature noted on inspection. The range of motion is restricted with flexion limited to 25 degrees; extension limited to 40 degrees; right lateral bending limited to 20; left lateral bending limited to 20; lateral rotation to the left limited to 40 and lateral rotation to the right limited to 40. There is tenderness in paravertebral muscles on both sides and there is tenderness in paracervical muscles; Rhomboids, trapezius, and right levator scapulae. Spurling's maneuver causes pain in the muscles of the neck but no radicular symptoms. All upper reflexes are equal and symmetric. Motor exam reveals strength

at 5/5 bilaterally. The patient is diagnosed with postcervical laminectomy and cervical radiculopathy. Treatment and plan includes SCS therapy, refill medication, request FCE, and follow up on 02/13/2014. PR2 dated 12/19/2013 reports the patient does not report any change in location of the pain. She states her quality of sleep is poor. Otherwise, subjective and objective findings are the same note dated 01/15/2014. PR2 dated 11/21/2013 indicates the patient reported increased pain level and poor quality of sleep.

IMR ISSUES, DECISIONS AND RATIONALES

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

ZANAFLEX 4MG #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antispasticity/Antispasmodic Drugs.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antispasticity/Antispasmodic Drugs Page(s): 66.

Decision rationale: According to the CA MTUS guidelines, Tizanidine "Zanaflex" is a centrally acting alpha2-adrenergic agonist that is FDA approved for management of spasticity; unlabeled use for low back pain. It has a hepatotoxicity side effect which require LFT monitor baseline. The medical records document the patient was diagnosed with post cervical laminectomy syndrome, and cervical radiculopathy. The patient was on Zanaflex since 08/01/2013 as documented in the provided medical records. In the absence of documented significant improvement of pain and function, and absence of LFT monitoring specially the patient on other medication such as Norco which include acetaminophen that can potentiate the liver impairment, the request according to the guidelines is not medically necessary.

AMBIEN 10MG #30: 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.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Mental Illness & stress, Zolpidem (Ambien).

Decision rationale: The CA MTUS guidelines have not addressed the issue of dispute. According to the ODG, Zolpidem (Ambien) is not recommended for long-term use, but recommended for short-term use. Women and the elderly appear to be most prone to adverse reactions linked to Zolpidem. Doctors should look at alternative strategies for treating insomnia such as sleep hygiene. The medical records document the patient was diagnosed with post cervical laminectomy syndrome, and cervical radiculopathy. The patient was on Zolpidem since 8/1/2013 as documented in the provided medical records. In the absence of documented significant improvement of sleeping, and absence of documented trial of alternative strategies for treating insomnia such as sleep hygiene, the request is not medically necessary.

CELEBREX 200MG #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk, NSAIDs, specific drug list & adverse effects Page(s): 68; 70.

Decision rationale: According to the CA MTUS guidelines, Selective COX-2 NSAIDS: Celecoxib (Celebrex) is the only available COX-2 in the United States. It is recommended for Relief of the signs and symptoms of osteoarthritis, rheumatoid arthritis, and ankylosing spondylitis especially in patients at intermediate risk for GI events. The medical records document the patient was diagnosed with post cervical laminectomy syndrome, and cervical radiculopathy. The patient was on Celebrex since 8/1/2013 as documented in the provided medical records. In the absence of documented history of peptic ulcer, GI bleeding or perforation, concurrent use of ASA, corticosteroids, and/or anticoagulants, of high dose of NSAIDS, further, in absence of documented any significant improvement of pain and function on this medication, the request is not medically necessary.

VOLTAREN 1% GEL, #3: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

Decision rationale: According to the CA MTUS guidelines, Non-steroidal antiinflammatory agents (NSAIDs) as topical analgesics is recommended for short-term use in cases of Osteoarthritis and tendinitis, in particular, that of the knee and elbow or other joints that are amenable to topical treatment. It is not recommended for neuropathic pain. The medical records document the patient was diagnosed with post cervical laminectomy syndrome, and cervical radiculopathy. The patient was on Celebrex since 8/1/2013 as documented in the provided medical records. In the absence of documented significant improvement of pain and function and as this medication is not recommended for neuropathic pain, the request is not medically necessary.