

Case Number:	CM14-0019691		
Date Assigned:	04/28/2014	Date of Injury:	02/23/2005
Decision Date:	07/08/2014	UR Denial Date:	02/13/2014
Priority:	Standard	Application Received:	02/18/2014

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 injured worker is a 56 year old male who reported an injury on 02/23/2005, the mechanism of injury was not included in the medical documents. The clinical note dated 01/29/2014 reported the injured worker presenting with increased pain in his lower back that radiates down to both lower extremities, as well as neck pain radiating down to both upper extremities. The physical examination findings were a significant disc bulge at the L5-S1, and electrodiagnostic findings consistent with L5 radiculopathy on the left. The examination of the cervical spine noted significant tenderness to palpation along the posterior cervical musculature bilaterally, and increased muscle rigidity. There were also numerous trigger points that were palpable and tender throughout the cervical paraspinal muscles, upper trapezius, and medial scapular region bilaterally, with decreased range of motion with both flexion and extension. The examination of the right shoulder noted tenderness to palpation along the right subacromial area, and decreased range of motion with abduction at 80 degrees. The examination of the lumbar spine noted tenderness to palpation along the posterior lumbar musculature bilaterally, left greater than right, with increased muscle rigidity, and extension limited to 20 degrees. The injured worker had a positive modified, sitting position, straight leg raise, and decreased sensation along the L5 bilaterally. The provider recommended Prilosec 20MG, Ambien 12.5MG, Lumbar trigger point injections x4, Fexmid 7.5MG, and [REDACTED]. The request for authorization form was not included in this review.

IMR ISSUES, DECISIONS AND RATIONALES

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

RETROSPECTIVE PRILOSEC 20MG: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, GI SYMPTOMS AND CARDIOVASCULAR RISK.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines GI SYMPTOMS & CARDIOVASCULAR RISK Page(s): 68.

Decision rationale: The California MTUS guidelines recommend proton pump inhibitors for injured workers at risk for gastrointestinal events. The guidelines recommend that clinicians utilize the following criteria to determine if the injured worker is at risk for gastrointestinal events: (1) age > 65 years; (2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of ASA, corticosteroids, and/or an anticoagulant; or (4) high dose/multiple NSAID's. The medical documentation did not indicate the injured worker had gastrointestinal symptoms. It did not appear the injured worker had a history of peptic ulcer, GI bleed, or perforation; it did not appear the injured worker is at risk for gastrointestinal events. There is also no quantity specified in the request. Therefore, the request is not medically necessary and appropriate.

AMBIEN CR 12.5MG, #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): Ambien for Chronic Pain.

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.

Decision rationale: The Official Disability Guidelines state that Zolpidem is a prescription short-acting nonbenzodiazepine hypnotic, which is approved for the short-term, usually two to six weeks, treatment of insomnia. Zolpidem is in the same drug class as Ambien. Proper sleep hygiene is critical to the individual with chronic pain and often is hard to obtain. Various medications may provide short-term benefit. While sleeping pills, so-called minor tranquilizers, and anti-anxiety agents are commonly prescribed in chronic pain, pain specialists rarely, if ever, recommend them for long-term use. They can be habit-forming, and they may impair function and memory more than opioid pain relievers. There is also concern that they may increase pain and depression over the long-term. Cognitive behavioral therapy (CBT) should be an important part of an insomnia treatment plan. The injured worker has been taking Ambien since at least 01/29/2014. The guideline recommends two to six weeks as a short term treatment option, and the request exceeds the recommendations of the guidelines. Therefore, the request is non-medically necessary and appropriate.

RETROSPECTIVE LUMBAR TRIGGER POINT INJECTIONS (X4): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
TRIGGER POINT INJECTIONS Page(s): 122.

Decision rationale: The California MTUS guidelines recommend lumbar trigger point injections only for myofascial pain syndrome as indicated below, with limited lasting value, and it is not recommended for radicular pain. Trigger point injections with a local anesthetic may be recommended for the treatment of chronic low back or neck pain with myofascial pain syndrome when all of the following criteria are met: (1) Documentation of circumscribed trigger points with evidence upon palpation of a twitch response as well as referred pain; (2) Symptoms have persisted for more than three months; (3) Medical management therapies such as ongoing stretching exercises, physical therapy, NSAIDs and muscle relaxants have failed to control pain; (4) Radiculopathy is not present (5) Not more than 3-4 injections per session; (6) No repeat injections unless a greater than 50% pain relief is obtained for six weeks after an injection and there is documented evidence of functional improvement; (7) Frequency should not be at an interval less than two months; (8) Trigger point injections with any substance (e.g., saline or glucose) other than local anesthetic with or without steroid are not recommended. There is lack of evidence in the documentation that medical management therapies such as ongoing stretching exercises, physical therapy, NSAIDs and muscle relaxants have failed to control pain. In addition, the injured worker has evidence of radiculopathy. Therefore the request is not medically necessary and appropriate.

PROGRAM: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), Chapter 6, 13, Table 8-14.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation National Heart, Lung, and Blood Institute. Clinical Guidelines on the Identification, Evaluation, and Treatment of Overweight and Obesity in Adults--Executive Summary.

Decision rationale: The injured worker's prior weight was 315 lbs at 5'9", and there is prior documentation of obesity. The injured worker attempted weight loss but was unsuccessful due to limited home exercise program. There were no documentation of prior dietary modifications or participation in formal weight reduction programs. In addition, the request does not include the duration or frequency of the proposed program. As such, the request is not medically necessary and appropriate.

FEXMID 7.5MG: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
ANTISPASMODICS Page(s): 64.

Decision rationale: The California MTUS guidelines recommend Flexmid for a short course of therapy. Cyclobenzaprine is in the same drug class as Flexmid. Cyclobenzaprine is a skeletal muscle relaxant and a central nervous system depressant with similar effects to tricyclic antidepressants. The greatest effect appears to be in the first 4 days of treatment. The request does not specify the quantity of Flexmid, and it is unclear if this medication would be used for the recommended short term use. In addition, the request does not include the quantity of the proposed medication. Therefore, the request is not medically necessary and appropriate.