MAXIMUS Federal Services

Case Number:	CM14-0110706		
Date Assigned:	09/18/2014	Date of Injury:	11/01/2001
Decision Date:	11/17/2014	UR Denial Date:	06/19/2014
Priority:	Standard	Application Received:	07/16/2014

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 Illinois. 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 52 year old woman with a date of injury on November 1, 2001. She has neck and chronic right shoulder pain in the C7 dermatomal distribution due to degenerative osteoarthritis and progressive bilateral radicular arm pain, right more than left. In June 2014, her exam was noted for difficulty raising her arms, bilateral arm spasms and decreased brachioradialis muscle. Her diagnoses include degenerative spondylosis of the cervical spine and chronic disabling pain syndrome.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ambien 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, Pain Chapter

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain, Hypnotics Official Disability Guidelines (ODG), Pain, Insomnia Treatment Official Disability Guidelines (ODG), Mental Illness & Stress, Insomnia

Decision rationale: California Medical Treatment Guidelines and American College of Occupational and Environmental Medicine does not address insomnia treatment. Per the Official

Disability Guidelines, non benzodiazepine sedative-hypnotics are first-line medications for insomnia. This class of medications includes zolpidem (Ambien and Ambien controlled release), zaleplon (Sonata), and eszopiclone (Lunesta). Benzodiazepine-receptor agonists work by selectively binding to type-1 benzodiazepine receptors in the central nervous system. All of the benzodiazepine-receptor agonists are schedule 4 controlled substances, which mean they have potential for abuse and dependency. Although direct comparisons between benzodiazepines and the non-benzodiazepine hypnotics have not been studied, it appears that the non-benzodiazepines have similar efficacy to the benzodiazepines with fewer side effects and short duration of action. There is no mention of insomnia in this worker, and therefore the request is not medically necessary.

Flexeril 10mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines, Muscle relaxants.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants, Cyclobenzaprine Page(s): 64.

Decision rationale: Cyclobenzaprine is a skeletal muscle relaxant and a central nervous system depressant with similar effects to tricyclic antidepressants (e.g. amitriptyline). Cyclobenzaprine is more effective than placebo in the management of back pain, although the effect is modest and comes at the price of adverse effects. It has a central mechanism of action. The worker has had chronic and diffuse musculoskeletal complaints since 2001. Per the Medical Treatment Utilization Guidelines, cyclobenzaprine is not recommended to be used for longer than 2-3 weeks. The request is therefore not medically necessary.

Klonopin 1mg #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24.

Decision rationale: This worker has multiple musculoskeletal complaints since 2001. However, there are more appropriate medications to treat these conditions. Per the Medical Treatment Utilization Schedule guidelines, benzodiazepines are not recommended for long-term use because long-term efficacy is unproven and there is a risk of dependence. Their range of action includes sedative/hypnotic, anxiolytic, anticonvulsant, and muscle relaxant. Chronic benzodiazepines are the treatment of choice in very few conditions. Tolerance to hypnotic effects develops rapidly. Tolerance to anxiolytic effects occurs within months and long-term use may actually increase anxiety. A more appropriate treatment for anxiety disorder is an antidepressant. Tolerance to anticonvulsant and muscle relaxant effects occurs within weeks. The request is therefore not medically necessary.

Compazine 10mg #60: 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 Other Medical Treatment Guideline or Medical Evidence: Prochlorperazine. 2014. Drugs.com/cdi/prochlorperazine. Randomized Controlled Trial of Ondansetron vs. Prochlorperazine in Adults in the Emergency Department. Patka J, Wu DT, Abraham P, Sobel RM. West J Emerg Med. 2011 Feb;12(1):1-5.

Decision rationale: Compazine is not addressed in Medical Treatment Utilization Schedule guidelines, American College of Occupational and Environmental Medicine guidelines, or the Official Disability Guidelines. Compazine is chlorpromazine, an anti-psychotic medicine in a group of drugs called phenothiazines. It works by changing the actions of chemicals in the brain. Prochlorperazine oral (taken by mouth) is used to treat psychotic disorders such as schizophrenia. It is also used to treat anxiety, and to control severe nausea and vomiting. There is no documentation of any nausea or vomiting in this worker, or any reason provided as to why this medication is being prescribed. Therefore this request is not medically necessary.