

Case Number:	CM14-0131297		
Date Assigned:	09/19/2014	Date of Injury:	09/17/2012
Decision Date:	10/23/2014	UR Denial Date:	07/24/2014
Priority:	Standard	Application Received:	08/15/2014

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 & 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 51-year-old male who reported an injury on 09/17/2012. The mechanism of injury was not submitted for review. The injured worker has diagnoses of unspecified essential hypertension, degeneration of cervical intervertebral disc, complex regional pain syndrome, muscular headache, and insomnia. Past medical treatment consists of acupuncture, massage therapy, infrared therapy, physical therapy, and medication therapy. Medications include Alprazolam, Ambien, Avinza, Baclofen, Cymbalta, Diazepam, Hydrocodone, Propranolol, Protonix, Tramadol, and Trazodone. On 08/25/2014, the injured worker underwent a drug screen; results indicated that the injured worker was consistent with prescription medications. On 08/25/2014, the injured worker complained of left upper extremity pain. Examination showed normal tone in the right upper extremity, but decreased tone on the left. The injured worker's left arm was much warmer than the right and manual muscle testing revealed 4/5 strength with hypersensitivity to touch of skin of the left arm and rotator cuff muscles. It was also noted that the injured worker had moderate tenderness at the subacromial bursa. Range of motion of the left shoulder was limited by 50% for flexion and abduction. Extension was full and internal rotation was limited by 25%. The treatment plan is for the injured worker to continue the use of medication. The provider felt the medications were necessary because the injured worker benefited from the use of the medications. The request for authorization was not submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Alprazolam 1mg tablet #30: 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 Benzodiazepines Page(s): 24.

Decision rationale: The request for Alprazolam 1 mg #30 is not medically necessary. The California MTUS Guidelines do not recommend the use of benzodiazepines for long term use because long term efficacy is unproven and there is a risk for dependence. Most guidelines limit use to 4 weeks. The injured worker has been prescribed Alprazolam since at least 08/2014, exceeding the recommended guidelines for short term therapy. Additionally, there was lack of efficacy of the medication documented to support continued use and the frequency was not submitted in the request. Given the above, the request is not within the CA MTUS recommended guidelines. As such, the request is not medically necessary.

Baclofen 10mg tablet (no quantity given): 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 Antispasticity drugs Page(s): 64.

Decision rationale: The request for Baclofen 10 mg is not medically necessary. According to the CA MTUS Guidelines, the mechanism of action of baclofen is blockade of the presynaptic and postsynaptic GABAB receptors. It is recommended orally for the treatment of spasticity and muscle spasm related to sclerosis and spinal cord injuries. Baclofen has been noted to have benefits for treating lancinating, paroxysmal neuropathic pain (trigeminal neuralgia, not FDA approved). The guidelines state the efficacy of muscle relaxants appears to diminish over time and prolonged use of some medications in this class may lead to dependence. The submitted documentation indicated that the injured worker had been taking this medication since at least 07/08/2014, exceeding the recommended guidelines for short term use. Additionally, the request as submitted did not indicate the frequency or quantity of the medication. There was no assessment regarding functional improvement as a result of the medication. Given the above, the request is not supported by the California MTUS Guidelines. As such, the request is not medically necessary.

Ambien 10mg tablet #14: 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 Official Disability Guidelines (ODG), Pain Chapter, Ambien.

Decision rationale: The request for Ambien 10 mg is not medically necessary. The Official Disability Guidelines (ODG) states that Ambien is a prescription short acting non-benzodiazepine hypnotic, which is approved for short term, usually 2 to 6 weeks, treatment of insomnia. Proper sleep hygiene is critical to the individual with chronic pain and is often hard to obtain. Various medications may provide short term benefit. While sleeping pills, so called minor tranquilizers and antianxiety agents are commonly prescribed in chronic pain, they are rarely recommended for long term use. It can be habit forming and they may impair function as well as memory more than opioid use. There is also concern that they may increase pain and depression over long term. According to the submitted documentation, the injured worker had been prescribed Ambien since at least 07/08/2014, exceeding the recommended guidelines for short term use. The injured worker reported significant difficulty with sleep and stated he did not feel that he was getting adequate sleep relief with Ambien. The rationale for the request was not provided. Given the above, the request is not supported. As such, the request is not medically necessary.