

Case Number:	CM14-0152767		
Date Assigned:	09/23/2014	Date of Injury:	10/11/2001
Decision Date:	10/23/2014	UR Denial Date:	09/09/2014
Priority:	Standard	Application Received:	09/18/2014

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 52-year-old female, who has submitted a claim for displaced cervical intervertebral disc, herniated nucleus pulposus, cervical radiculopathy and shoulder pain associated with an industrial injury date of 10/11/2001. Medical records from 2013 to 2014 were reviewed, which showed that the injured worker complained of constant severe neck and arm pain. The pain was rated at 10 out of 10 without medications and 3 out of 10 with medications. Physical examination revealed tenderness along the bilateral subacromial spaces. Cervical spine showed limited range of motion. Treatment to date has included oral medications such as Mobic (December 2013), Ambien (since at least February 2014) and Vicodin (since at least May 2014) and shoulder surgery. Utilization review from 09/09/2014 denied the request for Mobic because there is no documentation as to clinical efficacy or clinical outcomes that would warrant the continued use of the NSAID. The same review denied the request for Ambien because there is also no documentation in the notes that would warrant treatment of insomnia. The request for Vicodin was also denied because again, there is lack of documentation that 4 A's criteria were met.

IMR ISSUES, DECISIONS AND RATIONALES

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

Mobic 15 MG #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Non-Steroidal Anti-Inflammatory Drugs (NSAIDs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, Page(s): 67. Decision based on Non-MTUS Citation Pain Chapter, NSAIDS

Decision rationale: As stated on page 67 of CA MTUS Chronic Pain Medical Treatment Guidelines, NSAIDs are effective, although they can cause gastrointestinal irritation or ulceration or, less commonly, renal or allergic problems. Studies have shown that when NSAIDs are used for more than a few weeks, they can retard or impair bone, muscle, and connective tissue healing and perhaps cause hypertension. In addition, ODG states that there is inconsistent evidence for the use of these medications to treat long-term neuropathic pain, but they may be useful to treat breakthrough pain. In this case, the injured worker has been on meloxicam since December 2013, which is beyond what the guideline suggests. In addition, documents submitted and reviewed did not show continued effective analgesia and continued functional benefit. Therefore, the request for Mobic 15mg #30 is not medically necessary.

Ambien 5 MG #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 chapter

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Pain, Zolpidem

Decision rationale: The CA MTUS does not address Ambien. Per the Strength of Evidence Hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, the Official Disability Guidelines (ODG) was used instead. The ODG states that Ambien (Zolpidem) is a prescription short-acting non-benzodiazepine hypnotic, which is approved for the short-term (usually 2 to 6 weeks) treatment of insomnia. Proper sleep hygiene is critical to the individual with chronic pain and often is hard to obtain. In this case, the injured worker has been taking Zolpidem since at least February 2014. The documentation does not show progress reports that the injured worker complained of difficulty sleeping. The records do not show a diagnosis of insomnia. Moreover, there is no information to exhibit injured worker's sleep hygiene. Therefore, the request for Ambien 5mg #30 is not medically necessary.

Vicodin 5/300 MG #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, On-going Management Page(s): 78-81.

Decision rationale: According to pages 78-81 of the CA MTUS Chronic Pain Medical Treatment Guidelines, ongoing opioid treatment is not supported unless prescribed at the lowest possible dose and unless there is ongoing review and documentation of pain relief, functional

status, appropriate medication use, and side effects. In this case, the injured worker has been prescribed with Vicodin since at least May 2014 (5 months to date). The medical records likewise did not clearly reflect continued analgesia, continued functional benefit, or a lack of adverse side effects. MTUS Guidelines require clear and concise documentation for ongoing management. Therefore, the request for Vicodin 5/300mg #90 is not medically necessary.