

Case Number:	CM14-0154991		
Date Assigned:	09/25/2014	Date of Injury:	11/08/2005
Decision Date:	10/29/2014	UR Denial Date:	08/21/2014
Priority:	Standard	Application Received:	09/22/2014

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 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 58-year-old female who reported injury on 11/08/2005, reportedly while working on an [REDACTED] computer which was located inside the police unit vehicle. She was working on the system through the inside in of the trunk and the rear hood was open. An officer received a call, jumped into the vehicle not realizing she was inside, and drove off. She was jerked all over the trunk, and the lid hit her head. The injured worker's treatment history included medications, x-rays, MRI scan, physical therapy, and surgery. On 08/19/2014, the injured worker was evaluated and it was documented the injured worker continued to have increased complaints of neck pain, which radiated into the right shoulder blade rated at 9/10. The injured worker continued to have numbness along the jaw and the incision. Physical examination of the cervical spine revealed limited range of motion in all planes/direction. There was intact sensation in the upper extremities. There was weakness of the right elbow extensors. X-rays of the cervical spine revealed screw fracture of the superior screws. The interbody cage at C4-5 had potential lucency. Medications included Norco 10/325 mg, Prilosec 20 mg, and Ambien 12.5 mg. Diagnoses included C4-5 instability, status post C5-7 fusion, and right arm radiculopathy, confirmed on EMG. The Request for Authorization was not submitted for this review.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of the cervical spine without contrast: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines- Treatment for Worker's Compensation

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-179..

Decision rationale: The request for Magnetic Resonance Imaging of Cervical Spine is not medically necessary. ACOEM guidelines recommend imaging studies when physiologic evidence identifies specific nerve compromise on the neurologic examination. The provider indicated the injured had physical therapy however, there were no outcome measurements. There is a lack of objective findings identifying specific nerve compromise to warrant the use of imaging. The documents submitted indicated the injured worker underwent a cervical fusion at C5-7. The documentation indicates that in the beginning of June the injured worker had an episode of severely increased pain and was unable to use the right upper extremity and neck movement caused excruciating pain. Furthermore, the injured worker was approved for a CT scan; however the results were not submitted for this review. As such the request for MRI of the cervical spine without contrast is not medically necessary.

Norco 10/325mg #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 78.

Decision rationale: The requested is not medically necessary. The California Medical Treatment Utilization Schedule (MTUS) Schedule (MTUS) guidelines state that criteria for use for ongoing- management of opioids include ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. There was no urine drug screen submitted for opioid compliance for the injured worker. There were no outcome measurements indicated for the injured worker such as home exercise regimen or long-term functional goals for the injured worker. The request submitted for review failed to include frequency and duration of medication. As such, the request for Norco 10/325 mg #120 is not medically necessary.

Prilosec 20mg #60: 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)- Treatment for Worker's Compensation, proton Pump inhibitors (PPI's)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Proton pump inhibitors Page(s): 68-69.

Decision rationale: The request is not medically necessary. Prilosec is recommended for patients taking NSAIDs who are at risk of gastrointestinal events. The documentation did not indicate that the injured worker had gastrointestinal events; however, the provider failed to indicate the frequency or duration of medication on the request submitted for the injured worker. The request for Prilosec 20 mg #60 is not medically necessary.

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 (ODG)- Treatment for Worker's Compensation Mosby's Drug Consult

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Ambien

Decision rationale: The request for Ambien 12.5mg # 30 is not medically necessary. The Official Disability Guidelines (ODG) states that Ambien is a prescription short-acting non benzodiazepine hypnotic, which is approved for the short-term (usually two to six weeks) treatment of insomnia. 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. The documentation that was submitted for review lacked evidence on the duration the injured worker has been on Ambien. In addition, the request did not include the frequency or duration for the medication for the injured worker. The guidelines do not recommend Ambien for long-term use. Therefore, the continued use of Ambien is not supported. As such the request is not medically necessary.