

Case Number:	CM14-0171791		
Date Assigned:	10/23/2014	Date of Injury:	01/10/2001
Decision Date:	11/26/2014	UR Denial Date:	10/03/2014
Priority:	Standard	Application Received:	10/17/2014

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, has a subspecialty in Neuromuscular Medicine and is licensed to practice in Maryland. 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 patient is a 47 year old male who had a work injury dated 1/0/01. The diagnoses include cervical sprain and cervical radiculopathy; history of cervical laminectomy at C5-6. Under consideration are requests for Norco 10/325mg #180; Somnicin #30; Sentra PM #60; CT scan of the cervical spine; Unknown TENS Unit supplies for the lumbar spine. There is a 7/23/14 progress note that states that the patient complains of constant neck pain radiating to the right upper extremity with numbness and tingling, 8/10. The risks, benefits and alternatives of current medications have been explained and patient verbalizes understanding. Oral medications- no side effects. The patient denies any GI symptoms with the use of medications. Pain without medications is 10/10. Allergies to Ultram. Time spent reviewing MRI of the cervical spine from July 7, 2014 with the patient. Activities of daily living have decreased in the last month secondary to the pain level. On exam cervical range of motion: flexion 40; extension 40; right lateral flexion 30; It lateral flexion 30; right rotation 65; left rotation 65. The treatment plan includes a qualitative drug screen was administered to the patient; A prescription for Colace 100mg #120, Norco 10/325mg #180, Lidoderm patches 5%#30, Somnicin #30, Sentra PM #60 and Trazadone 50mg #30, to be taken as directed; follow up with a psychologist; a liver toxin evaluation with an internist; authorization is requested for this patient to undergo a CT scan of the cervical spine; authorization is requested for this patient to be provided with lumbar spine TENS unit supplies. The patient is recommended to continue a home exercise program.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #180: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines On-Going Management Page(s): 78-80.

Decision rationale: Norco 10/325mg #180 is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The guidelines state that a satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. The MTUS does not support ongoing opioid use without improvement in function or pain. The documentation indicates that the patient has had no significant functional improvement and continues to have pain despite long term opioids use. The request for Norco 10/325mg #180 is not medically necessary.

Somnicin #30: 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 (Chronic)- Medical food Other Medical Treatment Guideline or Medical Evidence:
<http://skylerholdings.com/somnicin%E2%84%A2/>

Decision rationale: Somnicin #30 is not medically necessary per the ODG guidelines. The MTUS guidelines do not address Somnicin. Somnicin contains Melatonin, 5-HTP, L-tryptophan, Vitamin B6, and Magnesium and is reported to be a medical food to combat insomnia and depression. The ODG guidelines state that medical foods are not recommended for treatment of chronic pain as they have not been shown to produce meaningful benefits or improvements in functional outcomes. The documentation does not reveal any extenuating reasons to go against the recommended medical guidelines. The request for Somnicin #30 is not medically necessary.

Sentra PM #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 Official Disability Guidelines (ODG) Pain (Chronic)- Medical food

Decision rationale: Sentra PM #60 is not medically necessary per the ODG guidelines. The MTUS Guidelines do not address Sentra. The ODG guidelines state that Sentra PM is a medical food, intended for use in management of sleep disorders associated with depression that is a proprietary blend of choline bitartrate, glutamate, and 5-hydroxytryptophan. The ODG guidelines state that medical foods are not recommended for treatment of chronic pain as they have not been shown to produce meaningful benefits or improvements in functional outcomes. The documentation does not reveal any extenuating reasons to go against the recommended medical guidelines. The request for Sentra is not medically necessary.

CT Scan of the cervical spine: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-178.

Decision rationale: CT of the cervical spine is not medically necessary per the MTUS Guidelines. The guidelines state that criteria for ordering imaging studies are: Emergence of a red flag; physiologic evidence of tissue insult or neurologic dysfunction; failure to progress in a strengthening program intended to avoid surgery; clarification of the anatomy prior to an invasive procedure. The documentation does not reveal emergence of a red flag; evidence of neurologic dysfunction or preparation for surgery. The documentation is not clear on why a cervical CT is needed. The request for CT of the cervical spine is not medically necessary.

Unknown TENS Unit supplies for the lumbar spine: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous electrotherapy Page(s): 114-117.

Decision rationale: Unknown TENS Unit supplies for the lumbar spine is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The guidelines state that a one-month trial period of the TENS unit should be documented (as an adjunct to ongoing treatment modalities within a functional restoration approach) with documentation of how often the unit was used, as well as outcomes in terms of pain relief and function. The guidelines state that a TENS unit can be used for neuropathic pain; CRPS; MS; spasticity; and phantom limb pain. The request is for the lumbar spine however recent documentation does not indicate neuropathic pain or lumbar spine symptomatology. Additionally, it is unclear if the patient has had a positive outcome from any prior TENS use. Furthermore, the request as written does not specify a quantity. The request for Unknown TENS Unit supplies for the lumbar spine is not medically necessary.