

Case Number:	CM14-0175709		
Date Assigned:	10/29/2014	Date of Injury:	08/16/2001
Decision Date:	12/05/2014	UR Denial Date:	10/16/2014
Priority:	Standard	Application Received:	10/23/2014

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 Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Tennessee. 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:

This is a 58-year-old female with an 8/16/01 date of injury. The mechanism of injury occurred that she fell into a ditch head and shoulder first. She has been having neck and bilateral shoulder and upper extremity symptoms since. According to a progress report dated 9/25/14, the patient complained of ongoing bilateral upper extremity pain. She continued to struggle on the current medications. According to an appeal note dated 10/10/14, the patient's pain, according to an 8/29/14 report, was decreased from 8/10 to 6/10 with the combination of Norco with Nucynta. The patient's pain was not well controlled between the 6/24/14 and 7/22/14 reports because the provider has been in the process of tailoring the medications to the patient. Objective findings: patient looks more comfortable on this visit. Diagnostic impression: neck pain, upper extremity pain, chest and rib pain. Treatment to date: medication management, activity modification, physical therapy. A UR decision dated 10/16/14 modified the requests for physical therapy from 8 sessions to 2 sessions, Norco from 240 tablets to 216 tablets for weaning purposes, Ambien from 30 tablets to 27 tablets for weaning purposes, and Zanaflex from 60 tablets to 54 tablets for weaning purposes. The patient is noted with complaints of significant pain, despite pain medication.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ambien 5mg #30 dispensed: 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, Zolpidem

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 and Other Medical Treatment Guideline or Medical Evidence: FDA (Ambien)

Decision rationale: CA MTUS does not address this issue. ODG and the FDA state that Ambien is approved for the short-term (usually two to six weeks) treatment of insomnia. Additionally, pain specialists rarely, if ever, recommend Ambien for long-term use. However, according to the records provided for review, this patient has been taking Ambien since at least 3/18/14. Guidelines do not support the long-term use of Ambien. In addition, there is no documentation that the provider has addressed non-pharmacologic methods for sleep disturbances, such as proper sleep hygiene. Therefore, the request for Ambien 5mg #30 dispensed was not medically necessary.

Norco 10/325 mg #240 dispensed: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 Opiates Page(s): 78-81.

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines do not support ongoing opioid treatment unless prescriptions are from a single practitioner and are taken as directed; are 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. However, in the reports reviewed, there is no documentation of significant pain reduction or improved activities of daily living. Upon review of a report dated 8/29/14, it is noted that the patient complained she was struggling with significant pain, despite the concurrent use of Norco and Nucynta ER. She does some light things around the home but not more than that. She stated that she is in too much pain to exercise or do anything more. Guidelines do not support the continued use of opioid medications without documentation of functional improvement. In addition, there is no documentation of an opioid pain contract, urine drug screen, or CURES monitoring. Furthermore, given the 2001 date of injury, over a decade ago, the duration of opiate use to date is not clear. There is no discussion regarding non-opiate means of pain control, or endpoints of treatment. Therefore, the request for Norco 10/325 mg #240 dispensed was not medically necessary.

Zanaflex 4mg #60 dispensed: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 63.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 Muscle Relaxants Page(s): 63-66.

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines state that Tizanidine is a centrally acting alpha2-adrenergic agonist that is FDA approved for management of spasticity and off label use for low back pain. In addition, MTUS also states that muscle relaxants may be effective in reducing pain and muscle tension, and increasing mobility. However, in most lower back pain (LBP) cases, they show no benefit beyond non-steroidal anti-inflammatory drugs (NSAIDs) in pain and overall improvement. Also there is no additional benefit shown in combination with NSAIDs. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. According to the records reviewed, this patient has been on Zanaflex since at least 6/24/14, if not earlier. Guidelines do not support the long-term use of muscle relaxants. In addition, there is no documentation of functional improvement or significant pain reduction from the patient's use of Zanaflex. Therefore, the request for Zanaflex 4mg #60 dispensed was not medically necessary.

Physical therapy 8 sessions for the upper extremities: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 98.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 Physical Therapy 9792.22 General Approaches Page(s): 98-99. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Pain, Suffering, and the Restoration of Function, Chapter 6, page 114

Decision rationale: CA MTUS stresses the importance of a time-limited treatment plan with clearly defined functional goals, frequent assessment and modification of the treatment plan based upon the patient's progress in meeting those goals, and monitoring from the treating physician regarding progress and continued benefit of treatment is paramount. Physical Medicine Guidelines - Allow for fading of treatment frequency. It is noted that this patient has had previous physical therapy. However, this is a request for physical therapy of the upper extremities. A specific area for treatment or the condition to be treated was not provided. As a result, it is not possible to determine if the number of sessions requested falls within guideline recommendations. In addition, there is no discussion regarding why this patient has not been able to transition to a home exercise program following her previous physical therapy treatment. Therefore, the request for physical therapy 8 sessions for the upper extremities is not medically necessary.