

Case Number:	CM14-0020254		
Date Assigned:	04/25/2014	Date of Injury:	07/08/2002
Decision Date:	07/07/2014	UR Denial Date:	01/27/2014
Priority:	Standard	Application Received:	02/18/2014

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 Anesthesiology, has a subspecialty in Pain Management 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 patient is an employee of [REDACTED] and has submitted a claim for neck and back pain associated with an industrial injury date of July 8, 2002. Treatment to date has included medications including Ambien 10 mg 1 tablet by mouth, at bedtime (since September 2013), Norco 10/325 mg (since June 2013), and Norflex 100 mg (since June 2013). Medical records from 2013 through 2014 were reviewed, which showed that the patient complained of neck and back pain radiating to the upper and lower extremities with paresthesia and numbness. The patient is also on modified work duty. On physical examination, there was spasm, tenderness, and guarding in the paravertebral muscles of the cervical and lumbar spine with decreased range of motion in both. Sensation was decreased bilaterally in the C5, L5, and S1 dermatomes. Utilization review from January 27, 2014 modified the request for Norflex 100 mg #60 to Norflex 100 mg #30, no refills, because guidelines recommend short-term treatment with this medication; Norco 10/325 mg #60 to Norco 10/325 mg #30, no refills, because there was no documentation of functional improvement from opiate use; and Ambien 5 mg #60 to Ambien 5 mg #30, no refills, because guidelines recommend short-term use only. The same review denied the request for Functional Capacity Evaluations because the patient was still under treatment and on modified work and not yet at maximum medical improvement. An appeal addressing the denial of the request for functional capacity evaluation dated February 8, 2014 stated that the patient was nearing maximum medical improvement and that the physician is attempting to declare him permanent and stationary.

IMR ISSUES, DECISIONS AND RATIONALES

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

AMBIEN 5MG #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 Index, 11th Edition (Web), 2013, Pain-Zolpidem (Ambien).

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, Zolpidem; Insomnia Treatment.

Decision rationale: CA MTUS does not specifically address zolpidem. 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. ODG states that zolpidem (Ambien) is a prescription short-acting non-benzodiazepine hypnotic, which is approved for the short-term (usually two to six weeks) treatment of insomnia. While sleeping pills 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. There is also concern that they may increase pain and depression over the long term. In this case, the most recent progress note dated March 31, 2014 indicated that the patient is unable to sleep without Ambien and that abrupt cessation of this medication was likely to cause injury to the patient or exacerbate the industrial injury. In this case, the patient was being prescribed Ambien since September 2013 (8 months to date), which is clearly beyond the recommended duration of use. In addition, guidelines state that pharmacologic agents should only be used after careful evaluation of potential causes of sleep disturbance. The medical records did not document that such evaluation was performed regarding the patient's sleep problems. Furthermore, the requesting physician insinuated that abrupt cessation of Ambien may cause harmful effects; however, the quantity being requested does not seem to be reduced in amount if the intention is for weaning purposes. Ambien is only approved for short-term treatment of insomnia; therefore, the request for Ambien 5mg #60 is not medically necessary.

FUNCTIONAL CAPACITY EVALUATION: Overturned

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 Index, 11th Edition (Web), 2013, Fitness For Duty - Functional Capacity Evaluation (FCE).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation AMERICAN COLLEGE OF OCCUPATIONAL AND ENVIRONMENTAL MEDICINE (ACOEM), 2ND EDITION, CHAPTER 7, PAGES 132-139.

Decision rationale: According to pages 132-139 of the ACOEM Guidelines, functional capacity evaluations (FCEs) may be ordered by the treating physician if the physician feels the information from such testing is crucial. Though FCEs are widely used and promoted, it is important for physicians to understand the limitations and pitfalls of these evaluations. FCEs

may establish physical abilities and facilitate the return to work. However, FCEs can be deliberately simplified evaluations based on multiple assumptions and subjective factors, which are not always apparent to the requesting physician. There is little scientific evidence confirming that FCEs predict an individual's actual capacity to perform in the workplace. In this case, a request for functional capacity evaluation was made to systematically document the patient's current physical abilities and that the physician is attempting to declare him permanent and stationary. The patient was also noted to be nearing maximum medical improvement; thus, an FCE may be warranted. Therefore, the request for Functional Capacity Evaluation is medically necessary.

NORCO 10/325MG #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 75, 78.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 79-81.

Decision rationale: According to pages 79-81 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 patient was being prescribed with Norco since June 2013 (11 months to date) but the records did not clearly reflect continued analgesia, functional benefit, or a lack of adverse side effects or aberrant behavior. Furthermore, there was no discussion regarding non-opiate means of pain control or endpoints of treatment. In addition, non-certification here does not imply abrupt cessation for a patient who may be at risk for withdrawal symptoms. Although opiates may be appropriate, additional information is necessary as CA MTUS Chronic Pain Medical Treatment Guidelines require clear and concise documentation for ongoing management. Therefore, the request for Norco 10/325mg #60 is not medically necessary.

NORFLEX 100MG #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antispasmodics Page(s): 64.

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

Decision rationale: According to page 63 of the CA MTUS Chronic Pain Medical Treatment Guidelines, non-sedating muscle relaxants are recommended with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic low back pain (LBP); however, in most LBP cases, they show no benefit beyond Non Steroidal Anti Inflammatory Drugs (NSAIDs) in pain and overall improvement. In addition, efficacy appears to diminish over time and prolonged use of some medications in this class may lead to dependence. In this case, the patient was being prescribed Norflex since June 2013 (11 months to date); however, there

was no documentation of continued functional benefit with this medication. In addition, guidelines recommend muscle relaxants for short-term use only. There is no clear indication for continued use of this medication; therefore, the request for Norflex 100mg #60 is not medically necessary.