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| Case Number: | CM14-0020264 | | |
| Date Assigned: | 04/25/2014 | Date of Injury: | 07/14/2009 |
| Decision Date: | 07/07/2014 | UR Denial Date: | 02/10/2014 |
| 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 Occupational Medicine 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 has submitted a claim for myalgia and myositis associated with an industrial injury date of July 14, 2009. The treatment to date has included oral and topical analgesics, muscle relaxants, sedative hypnotics, anxiolytic, acupuncture, physical therapy, chiropractic therapy, home exercise program, and epidural steroid injection. The medical records from 2013 to 2014 were reviewed and showed continued total body pain, chronic fatigue, sleeping problem, and morning gel phenomenon. The patient complaints of severe neck pain graded 8-9/10, radiating down to the bilateral arms with numbness and tingling to the fingers which is worse on the left side; and severe back pain graded 5-6/10 radiating to the bilateral legs, worse on the left side, with pinching sensation and numbness down to the toes. The patient also complains of difficulty sleeping. Physical examination of the cervical spine showed a decrease in cervical lordosis; moderate tenderness with muscle spasm over the cervical paravertebral musculature and bilateral trapezius; positive axial head compression and Spurling's tests on the left; and limitation of motion. Other physical examination findings include limitation of motion of the left shoulder on all planes and the right shoulder on abduction; positive lateral and medial epicondylar tests on the bilateral elbow; positive Tinel's and Finkelstein tests on the bilateral wrist; decreased grip strength on the left; and decreased sensation at the left C6-C7 dermatomes. The patient was diagnosed with cervical disc disease, cervical radiculopathy, bilateral shoulder tendinitis, bilateral medial and lateral epicondylitis, bilateral carpal tunnel syndrome, and bilateral de Quervain's tenosynovitis. The patient was also diagnosed with Fibromyalgia Syndrome on October 1, 2013 for which gabapentin was prescribed. Other prescribed medications include Cymbalta for depression taken as far back as 2009; Norco for pain and Robaxin for spasm taken as far back as May 17, 2013; and Flexeril, Sonata, and Tramadol topical used as far back as December 20, 2013. A progress report dated January 29, 2014 stated that the patient has failed

conservative treatment including physical therapy, chiropractic treatment, medication, rest and a home exercise program. The patient had received cervical epidural steroid injection on 2013 which provided 70% relief of pain for several months. A utilization review dated February 10, 2014 denied the requests for aquatic therapy 3x a week for 12 weeks because there was no documentation that physical therapy was not tolerated; Gabapentin because the rationale and functional benefits from this medication was not provided; and Tramadol topical because there is no evidence that the patient has swallowing disorder that would preclude the oral formulation. The request for Sonata was modified to Sonata #15 tablets for weaning because sedative hypnotics are not generally recommended for chronic pain presentation; it is not known whether the patient has tried non-pharmaceutical techniques; and the patient's sleep pattern was not discussed.

IMR ISSUES, DECISIONS AND RATIONALES

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

AQUATIC THERAPY THREE (3) TIMES A WEEK FOR TWELVE (12) WEEKS:

Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines AQUATIC THERAPY Page(s): 22, 29.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 19,98-99.

Decision rationale: The CA MTUS Chronic Pain Medical Treatment Guidelines state that aquatic therapy is recommended as an alternative to land-based physical therapy when reduced weight bearing is indicated, such as with extreme obesity. In this case, the patient was diagnosed with myalgia and myositis. A progress report dated January 29, 2014 stated that the patient has failed conservative treatment including physical therapy, chiropractic treatment, medication, rest and a home exercise program. However, the documents did not provide measurable functional outcomes from the said conservative treatments that would support the claim of treatment failure. In addition, a medical report dated 10/1/13 documented that the patient had a normal gait, was able to toes-heels walk, was able to squat, had normal range-of-motion of her cervical and lumbar spine, and had normal range-of-motion and strength of her lower extremities. Also, the most recent physical examination shows that the patient is only overweight with a body mass index (BMI) of 29.3. This is based on a 10/1/13 medical report when the patient was stated to weigh 160 pounds with a height of 62 inches. Moreover, the requested number of initial visits exceeds the guidelines recommendation of 9-10 visits over 8 weeks for myalgia and myositis. Therefore the request for aquatic therapy 3 times a week for 12 weeks is not medically necessary.

SONATA: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Pharma-Clinics. Drugs of the Month, Zaleplon (sonata): <http://www.ncbi.nlm.nih.gov/pubmed/10548901>.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Mental Illness and Stress Chapter, Insomnia Treatment.

Decision rationale: The CA MTUS does not address this topic. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, Official Disability Guidelines (ODG), Mental Illness and Stress Chapter, Insomnia treatment was used instead. The ODG states that Zaleplon (Sonata) is indicated for the short-term treatment of insomnia (7-10 days) with a controlled trial showing effectiveness for up to 5 weeks. In this case, the patient has a history of insomnia and was noted to take Sonata as far back as December 20, 2013; however, duration and frequency of use was not specified. The guidelines do not support long-term use of this medication. Moreover, there is no documentation regarding the patient's sleep hygiene or improvement of sleep quality with the use of Sonata. The present request also failed to indicate the frequency and duration of use of this medication as well as the number of tablets to be dispensed. The request is incomplete. Therefore, the request for Sonata is not medically necessary.

GABA 1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines PECIFIC ANTI-EPILEPSY DRUGS Page(s): 18-19.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 16-17.

Decision rationale: The CA MTUS Chronic Pain Medical Treatment Guidelines state that gabapentin is considered as a first-line treatment for neuropathic pain. A trial treatment for fibromyalgia is also supported. One recommendation for an adequate trial with gabapentin is three to eight weeks for titration, then one to two weeks at maximum tolerated dosage. In this case, the patient was diagnosed with Fibromyalgia Syndrome on October 1, 2013 for which gabapentin was prescribed; the duration and frequency of use was not mentioned. The patient has already exceeded the recommended trial period without documentation of overall pain improvement and functional gains from its use. The medical necessity has not been established. Moreover, the present request also failed to indicate the number of tablets to be dispensed. Therefore, the request for GABA 1 is not medically necessary.

TRAMADOL TOPICAL: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-113.

Decision rationale: The CA MTUS Chronic Pain Medical Treatment Guidelines state that topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. It is primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. In this case, the patient has been taking Cymbalta as far back as 2009 for depression and Norco for pain as far back as May 2013; however, the duration and frequency of use of these medications were not mentioned. The documents provided did not show evidence of treatment failure for Cymbalta. Moreover, the patient is already taking an opioid, Norco, which has not been proven to be ineffective. Therefore, it is unclear as to why an additional opioid in topical preparation is being requested. In addition, the details regarding the requested Tramadol topical were not provided (volume, quantity, etc.). Therefore, the request for Tramadol topical is not medically necessary.