

Case Number:	CM14-0023811		
Date Assigned:	06/11/2014	Date of Injury:	09/26/2007
Decision Date:	07/15/2014	UR Denial Date:	02/11/2014
Priority:	Standard	Application Received:	02/25/2014

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 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 52-year-old female with a reported date of injury on 09/26/2007. The injury reportedly occurred while the worker performed her duties as a teacher's assistant. Her injuries were exacerbated on 11/18/2013 when a student yanked on her ponytail. The injured worker presented with a cervical strain. On physical exam, the physician noted the injured worker had decreased lumbar flexion, positive sciatic notch tenderness and lower extremity motor and sensory decreased. The physician indicated there were no extremity motor or sensory deficits. In the clinical note dated 12/04/2013, the physician indicated that the injured worker had full range of motion of the shoulders and no pain. There was normal shoulder strength, no impingement of the shoulders bilaterally and no tenderness to palpation. The MRI of the cervical spine dated 01/23/2014 revealed diffuse degenerative disc disease at C5-6 and C6-7, no evidence of disc herniation at any cervical level and straightening of the cervical lordosis unchanged suggesting the possibility of muscle spasm and/or cervical strain. In addition, the clinical note dated 01/09/2014, indicated the physician requested EMG conduction studies, the results of which were not available within the documentation for review. The injured worker's diagnoses included cervical strain, lumbar strain, L4-5 radiculopathy bilaterally and cervical radiculopathy with recent exacerbation. The injured worker's medication regimen included Zanaflex, Restoril, Norco and Vimovo. The Request for Authorization for prospective usage of zolpidem tartrate 10mg #15 (1x2), prospective usage of hydrocodone/acetaminophen 10/325 mg #60 (1x3), prospective usage of Zanaflex 4 mg #40 (1x3) and prospective usage of Vimovo 500/20 mg #60 (1x6) was submitted on 02/24/2014. The rationale for the request was not provided within the clinical information available for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

PROSPECTIVE USAGE OF ZOLPIDEM TARTRATE 10MG #15 (1X2): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG-TWC, Pain Summary Procedure, 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, Zolpidem (Ambien).

Decision rationale: The Official Disability Guidelines state zolpidem is a prescription short acting non-benzodiazepine hypnotic, which is approved for the short term (usually 2 to 6 weeks) treatment for insomnia. While sleeping pills, so called minor tranquilizers and anti-anxiety agents are commonly prescribed for chronic pain, the pain specialists rarely, if ever, recommend them for long term use. According to the documentation available for review, the injured worker has been utilizing zolpidem prior to 12/04/2013. There is a lack of documentation related to the therapeutic benefit of the continued use of zolpidem. In addition, the documentation dated 01/09/2014 states the injured worker was utilizing Restoril. There is a lack of documentation related to insomnia or trouble sleeping. The change from Restoril to zolpidem is also not documented in the clinical information provided for review. The rationale for the request was not provided within the clinical information available for review. In addition, the request as submitted, failed to provide frequency and direction for use of zolpidem tartrate. Therefore, the request for prospective usage of zolpidem tartrate 10mg #50 (1x2) is not medically necessary.

PROSPECTIVE USEAGE OF HYDROCODONE/ ACETAMINOPHEN 10/325MG #60 (1X3): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria For Use.

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

Decision rationale: The California MTUS Guidelines state that the ongoing management of opioids use should include an ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. The patient's satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function or improved quality of life. The clinical documentation provided for review indicates that the injured worker has been utilizing Norco prior to 12/04/2013. There is a lack of documentation related to the therapeutic benefit of Norco. In addition, the request, as submitted, failed to provide frequency and directions as to the use of hydrocodone. Therefore, the prospective usage of hydrocodone/acetaminophen 10/325mg #60 (1x3) is not medically necessary.

PROSPECTIVE USAGE OF ZANAFLEX 4MG #40 (1X3): Upheld

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

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

Decision rationale: The California MTUS Guidelines state that muscle relaxants for pain are recommended with caution as a second line option for short term treatment of acute exacerbations in injured workers with chronic lower back pain. The muscle relaxants may be effective in reducing pain and muscle tension and increasing mobility. However, in most low back pain cases they show no benefit beyond NSAIDs in pain and overall improvement. The effectiveness appears to diminish over time and prolonged use of some medications in this class may lead to dependence. According to the clinical documentation provided for review, the injured worker has been utilizing Zanaflex prior to 12/04/2013. There is a lack of objective clinical findings and therapeutic benefit related to the long term use of Zanaflex. The guidelines recommend Zanaflex as an option for short term treatment of acute exacerbations in patients with chronic low back pain. In addition, the request, as submitted, failed to provide the frequency and directions for use in Zanaflex. Therefore, the request for prospective usage of Zanaflex 4mg #40 (1x3) is not medically necessary.

PROSPECTIVE USAGE OF VIMOVO 500/20MG #60 (1X6): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG-TWC Pain Procedure Summary (updated 1/7/2014) Vimovo.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs), NSAIDs, GI Symptoms & Cardiovascular Risk Page(s): 67-68.

Decision rationale: Vimovo contains naproxen and omeprazole magnesium. The California MTUS Guidelines state that NSAIDs are recommended at the lowest dose for the shortest period in injured workers with moderate to severe pain. In addition, NSAIDs are recommended with precaution for the injured workers who have a risk of gastrointestinal events. Determination if the patient is at risk for a gastrointestinal event would include the following: that the injured worker is greater than 65 years old, history of a peptic ulcer, GI bleeding or preparation, concurrent use of aspirin, corticosteroids and/or anticoagulants or a high dose/multiple NSAID use. The long term use of proton pump inhibitor has been shown to increase the risk of a hip fracture. The clinical information provided for review lacks documentation of gastrointestinal complaints or upset. In addition, the documentation indicates that the injured worker has been utilizing the Vimovo prior to 12/04/2013. There is a lack of documentation related to the therapeutic benefit related to the continued use of Vimovo. In addition, the request, as submitted, failed to provide the frequency and directions for use of Vimovo. Therefore, the request for the prospective usage of Vimovo 500/20mg #60 (1x6) is not medically necessary.