

Case Number:	CM14-0026324		
Date Assigned:	06/13/2014	Date of Injury:	07/09/2007
Decision Date:	07/16/2014	UR Denial Date:	02/20/2014
Priority:	Standard	Application Received:	03/03/2014

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 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 a 36 year old female who was injured on 07/09/2007. Mechanism of injury is unknown. Prior treatment history has included Tramadol, Flexeril, Robaxin, Omeprazole and Norco. The patient indicates those medications are helping with her pain. A progress note dated 02/10/2014 documents the patient with complaints of constant neck pain and stiffness which radiates down to both arms to the hand and fingers as well as complains of low back pain, right shoulder pain, bilateral wrist pain and bilateral elbow pain. Objective findings on examination reveals diminished sensation over the anterior thigh. Diagnoses include: Musculoligamentous sprain of the cervical spine; Cervical spine herniated discs from C2 to T2; Musculoligamentous sprain of the lumbar spine; Lumbar spine disc herniation at L1, S1; Internal derangement of bilateral knees; Severe osteoarthritis of the right knee; Lateral epicondylitis of bilateral elbows; Cubital tunnel syndrome of bilateral elbows; De Quervain's tendonitis; Carpal tunnel syndrome bilateral wrists; Tendinitis of the right shoulder. Treatment Plan: The patient is awaiting pending authorization of lumbar epidural injection and EMG/NCV of both lower extremities to rule out radiculopathy. Also the patient is prescribed the following medications: Methocarbamol 750 mg, Omeprazole 20 mg, Tramadol 50 mg, Zolpidem 10 mg and Cyclobenzaprine 10 mg.

IMR ISSUES, DECISIONS AND RATIONALES

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

METHOCARBAMOL 750 MG ONE TID #90: Upheld

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

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

Decision rationale: According to the MTUS Chronic Pain Guidelines, antispasmodics are used to decrease muscle spasms. Methocarbamol is recommended as an option, using a short course. The medical records do not document the presence of any muscle spasm on examination. The medical records do not demonstrate the patient presented with exacerbation unresponsive to first-line interventions. Furthermore, the chronic use of muscle relaxants is not recommended by the guidelines. Therefore, the request is not medically necessary and appropriate.

OMEPRAZOLE 20 MG ONE DAILY #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines section on NSAIDs Page(s): 68-69.

Decision rationale: According to the ODG, Zolpidem (Ambien) is not recommended for long-term use, but recommended for short-term use. Doctors should look at alternative strategies for treating insomnia such as sleep hygiene. In the absence of documented significant improvement of sleeping, and absence of documented trial of alternative strategies for treating insomnia such as sleep hygiene, the request is not medically necessary and appropriate.

TRAMADOL 50 MG ONE OR TWO QID PRN #200: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines section on Opioids Page(s): 75-94.

Decision rationale: According to the MTUS Chronic Pain Guidelines, Tramadol (Ultram) is a centrally acting synthetic opioid analgesic and it is not recommended as a first-line oral analgesic, it is indicated for moderate to severe pain. The MTUS Chronic Pain Guidelines indicate "four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids; pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non-adherent) drug-related behaviors." The MTUS Chronic Pain Guidelines state opioids may be continued: (a) If the patient has returned to work and (b) If the patient has improved functioning and pain. The medical records have not demonstrated the requirements for continued opioid therapy have been met. Chronic use of opioids is not generally supported by the medical literature. As such, the request is not medically necessary and appropriate.

ZOLPIDEM 10 MG ONE HS PRN #30: 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).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

Decision rationale: According to the ODG, Zolpidem (Ambien) is not recommended for long-term use, but recommended for short-term use. Doctors should look at alternative strategies for treating insomnia such as sleep hygiene. In the absence of documented significant improvement of sleeping, and absence of documented trial of alternative strategies for treating insomnia such as sleep hygiene, the request is not medically necessary and appropriate.

CYCLOBENZAPRINE 10 MG, ONE 1 HOUR BEFORE HS #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines section on Cyclobenzaprine and the section on Muscle relaxants Page(s): 41-42,63-64.

Decision rationale: According to the MTUS Chronic Pain Guidelines, antispasmodics are used to decrease muscle spasms. Flexeril is recommended as an option, using a short course. The medical records do not document the presence of muscle spasm on examination. The medical records do not demonstrate the patient presented with exacerbation unresponsive to first-line interventions. The medical records demonstrate the patient has been prescribed Flexeril on an ongoing basis. Chronic use of muscle relaxants is not recommended by the MTUS Chronic Pain Guidelines. As such, the request is not medically necessary and appropriate.