

Case Number:	CM14-0031003		
Date Assigned:	06/20/2014	Date of Injury:	03/29/1995
Decision Date:	08/04/2014	UR Denial Date:	02/19/2014
Priority:	Standard	Application Received:	03/11/2014

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 & Rehabilitation and is licensed to practice in California and Washington. 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 63-year-old female who reported an injury on 03/29/1995. The injured worker had swelling in the right arm and neck pain caused by keyboarding at her work station. The injured worker had 2 cervical fusion surgeries done in 3/2000 and 12/2012. On 05/19/2014, the injured worker complained of persistent pain in the right shoulder but was significantly improved since her last surgery. It was noted that the injured worker had her usual low back pain but stated the medications are helpful. She states that she needs a hydraulic lift swivel chair to get her into the tube. She does not have enough upper strength to be able to push herself out of the tube once she is lying in the tub. The objective findings noted she was wearing a shoulder sling. It was noted the injured worker had been on Ambien approximately since 11/25/2013. The injured worker had multiple medications allergies to include aspirin, codeine, Darvocet, Talwin, Percocet, Sulfa Drugs, Vicodin, Ultram, Tetracycline, Erythromycin, Methadone, OxyContin, Fentanyl, Hydromorphone, and Butrans Patch. The medications included Morphine Sulfate 15 mg, Valium 5 mg, Ambien 5 mg, Reglan 10 mg, and Lidoderm Patch. The diagnoses included chronic right shoulder, status post right shoulder arthroscopic surgery, and lumbar spine pain and status post posterior fusion. The plan included for decision for Valium 10 mg, Ambien 15 mg, Reglan 10 mg and Morphine Sulfate 15 mg. The authorization for request was submitted on 03/11/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Valium 10mg #60: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24.

Decision rationale: The Chronic Pain Medical Treatment Guidelines state that Valium/benzodiazepines is not recommended for long-term use because long-term efficacy is unproven and there is a risk of dependency. Most guidelines limit use to 4 weeks. Range of action includes sedative/hypnotic, anxiolytic, anticonvulsant, and muscle relaxant. Benzodiazepines are the treatment of choice in very few conditions. Tolerance to hypnotic effects develops rapidly. Tolerance to anxiolytic effects occurs with months and long-term use may actually increase anxiety. A more appropriate treatment for anxiety disorder is antidepressant. Tolerance to anticonvulsants and muscle relaxant effect occurs within weeks. Diagnoses included chronic right shoulder, status post right shoulder arthroscopic surgery, and lumbar spine pain, status post posterior fusion. The documentation provided on 05/19/2014 lacked evidence on how long the injured worker has been on Valium. In addition, there was lack of documentation using the visual analog scale to measure injured worker's pain level and no conservative care such as, physical therapy or home exercise regimen. The request submitted lacked frequency and duration of the medication. Given the above, the request for Valium 10 mg #60 is not medically necessary and appropriate.

Ambien 15 #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) (ODG) Pain (Chronic) Zolpidem (Ambien®) Knee).

Decision rationale: The Official Disability Guidelines (ODG) states that Ambien is a prescription short-acting nonbenzodiazepine hypnotic, which is approved for the short-term (usually 2 to 6 weeks) treatment of insomnia. Proper sleep hygiene is critical for the individual with chronic pain and often is hard to obtain. Various medications may provide short-term benefit. Sleeping pills, so-called minor tranquilizers, and anti-anxiety agents are commonly prescribed in chronic pain, pain specialist rarely, if ever, recommends them for long-term use. They can be habit forming and they may impair function and memory more than opiate pain relievers. There is concern that they may increase pain and depression over long-term. The recommendation that was submitted for review indicated the injured worker has been on Ambien since 11/25/2013. The guidelines do not recommend Ambien for long-term use. Therefore, the continued use of Ambien is not supported. As such, the request is not medically necessary and appropriate.

Reglan 10 #60: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://dailymed.nlm.nih.gov>.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Proton pump inhibitors Page(s): 68-69.

Decision rationale: Per California Medical Treatment Utilization Schedule (MTUS) Guidelines, Reglan 10 mg is recommended for patients at risk for gastrointestinal events. Per the documentation given, there is no evidence of the injured worker having gastrointestinal events or has been diagnosed of having gastrointestinal events. There is lack of documentation also for the injured worker being on Reglan or the effectiveness of the Reglan 10 mg for the injured worker. In addition, the request did not have the frequency or milligram listed. Given the above, the request for Reglan 10 (#60) is not medically necessary and appropriate.

Morphine sulfate 15 mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 78.

Decision rationale: The California Medical Treatment Utilization Schedule (MTUS) Guidelines state that the criteria for use of ongoing management of opiates include ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. The injured worker complained of right shoulder pain that was significantly improved since her surgery, but still had her usual pain in her low back. It was noted that the injured worker's medications are helpful. There is lack of documentation of the injured worker's pain assessment while on opiates to include pain level and duration of pain while taking the opiates, and functional improvement while the injured worker is on the opiates. In addition, there was no urine drug screen submitted for the injured worker to indicate opiate compliance while being on the opiate and the request does not include frequency. Given the above, the request of morphine sulfate 15 mg #60 is not medically necessary and appropriate.