

Case Number:	CM14-0031921		
Date Assigned:	06/20/2014	Date of Injury:	12/14/2006
Decision Date:	08/07/2014	UR Denial Date:	02/26/2014
Priority:	Standard	Application Received:	03/13/2014

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, has a subspecialty in Pain 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 injured worker is a 49-year-old male with a date of injury of 12-14-2006. The injured worker's industrially related diagnoses include chronic right wrist pain, history of right wrist surgery in 5/07, persistent neck and thoracic pain, bilateral shoulder pain, chronic low back pain. MRI (magnetic resonance imaging) of left shoulder in 2008 showed type 2 acromion but no evidence of rotator cuff tear. MRI of lumbar spine in 7/09 showed L3-L4 small disc protrusion and L4-L5 central disc protrusion along with facet arthropathies at L4-L5 and L5-S1. MRI of cervical spine in 4/2008 showed minimal degenerative disc disease. electromyography (EMG)/ NCV (nerve conduction velocity) of right upper extremity in 4/08 was negative. The injured worker has done physical therapy and is treated with the following medication: Tylenol #4, Robaxin 750mg twice daily, Pennsaid, and Ambien 5mg. The disputed issues are requests for physical therapy for cervical spine and bilateral shoulders once per week for four weeks, and refill requests for Tylenol #4 by mouth twice daily, Robaxin 750mg twice daily, and Ambien 5mg by mouth at bedtime as needed. A utilization review determination on 1/23/2014 had non-certified these requests. The stated rationale for the denial of physical therapy was the medical records do not establish that previous sessions of physical therapy has resulted in a clinically significant improvement in activities of daily living or a reduction in work restrictions as measured during history and physical exam. Tylenol #4 was not certified because the medical records do not establish that long-term use of opiates has resulted in functional improvement to return to work. Ambien was not certified because it was prescribed for some time and it is recommended for short-term treatment of insomnia. Lastly, Robaxin was not certified because it too has been prescribed for some time and it is recommended for short-term treatment of acute exacerbation in patients with chronic low back pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy to the cervical spine and bilateral shoulders one (1) time a week for four (4) weeks: Overturned

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 212, Table 9-6, Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Physical Therapy Guidelines (Cervical, Shoulder).

Decision rationale: Per MTUS Chronic Pain Medical Treatment Guidelines, physical medicine is recommended To allow for fading of treatment frequency (from up to three visits per week to one or less), plus active self-directed home Physical Medicine. Passive therapy (those treatment modalities that do not require energy expenditure on the part of the patient) can provide short term relief during the early phases of pain treatment and are directed at controlling symptoms such as pain, inflammation and swelling and to improve the rate of healing soft tissue injuries. They can be used sparingly with active therapies to help control swelling, pain and inflammation during the rehabilitation process. Active therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. Active therapy requires an internal effort by the individual to complete a specific exercise or task. This form of therapy may require supervision from a therapist or medical provider such as verbal, visual and/or tactile instruction(s). Patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. Table 9-6 of ACOEM Chapter 9 specifies the following recommendation with regard to physical medicine of the shoulder: treat initially with strengthening or stabilization exercises for impingement syndrome, rotator cuff tear, instability, and recurrent dislocation The Official Disability Guidelines (ODG), Physical Therapy Guidelines -Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home physical therapy. For myalgia and myositis, 9-10 visits over 8 weeks. For cervicgia (neck pain)/cervical spondylosis, 9 visits over 8 weeks. For sprained shoulder; rotator cuff, medical treatment include 10 visits over 8 weeks. In this case, in a progress note on 10/3/2013 the treating physician notes that the injured worker had some range of motion improvement especially forward flexion in bilateral shoulders with physical therapy however the injured worker had only attended four to five sessions and according to the progress note dated 1/23/2014, he did not complete the remainder of his sessions. The reasons the injured worker did not complete the session was due to a busy schedule taking care of five children. This seems to be a legitimate rationale for previous noncompliance with the physical therapy program. Therefore, based on guidelines stated above, the request for additional four sessions of physical therapy is medically necessary.

Retrospective Request: Tylenol #4 by mouth two (2) times a day #120 (Dispensed 1/23/2014: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain; Opioids, criteria for use.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioid Criteria for use Page(s): 76-80.

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines state that ongoing management action should include ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Information from family members or other caregivers should be considered in determining the patient's response to treatment. The 4 A's for Ongoing Monitoring: 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. These domains have been summarized as the 4 A's (analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs. In this case, the progress note on 1/23/2014 states that the injured worker has benefited from the current medication regimen by reducing his pain down to a more tolerable 5/10 from a 8/10 to 9/10 on a pain scale without any adverse reaction. However, opioid narcotics require additional documentation including monitoring aberrant behaviors such as random urine drug screens or querying the state database monitoring programs. There is no documentation of any monitoring for aberrant behaviors in this progress note. As such, this request is not medically necessary.

Retrospective Request: Ambien 5mg. by mouth at bedtime as needed #30 (Dispensed 1/23/2014): 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), 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), Stress and Mental Illness Chapter, Insomnia Meds.

Decision rationale: The California Medical Treatment and Utilization Schedule and ACOEM do not specifically address zolpidem. Therefore the Official Disability Guidelines (ODG) is utilized which specify the following under the Stress & Mental Illness Chapter: Zolpidem is a prescription short-acting non-benzodiazepine hypnotic, which is approved for the short-term (usually two to six weeks) treatment of insomnia. Proper sleep hygiene is critical to the

individual with chronic pain and often is hard to obtain. Various medications may provide short-term benefit. While sleeping pills, so-called minor tranquilizers, and anti-anxiety agents 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 more than opioid pain relievers. There is also concern that they may increase pain and depression over the long-term. In this case, the injured worker has been prescribed Ambien for longer than the recommended time. The ODG suggests that these specific components of insomnia should be addressed: (a) Sleep onset; (b) Sleep maintenance; (c) Sleep quality; & (d) Next-day functioning. In the progress note dated 1/23/2014, there is no documentation in regards to the diagnosis of insomnia and not one of the specific components stated above are addressed. Therefore, this request is not medically necessary and appropriate.

Retrospective Request: Robaxin 750 mg. by mouth two (2) times a day #120 (Dispensed 1/23/2014): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants (for pain) and Antispasmodics.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants (for pain) Page(s): 63-64.

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic low back pain. 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 non-steroidal anti-inflammatory drugs (NSAIDs) in pain and overall improvement. Also, there is no additional benefit shown in combination with NSAIDs. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. Sedation is the most commonly reported adverse effect of muscle relaxant medications. These drugs should be used with caution in patients driving motor vehicles or operating heavy machinery. In this case, the injured worker has had Robaxin 750mg #120 twice daily (two month prescription) issued to him at each visit as documented in the progress notes dated 8/7/13, 10/3/13, and 1/23/14. However, as stated above in the MTUS guidelines, it is recommended for short-term treatment of acute exacerbations. Therefore, this request is not medically necessary and appropriate.