

Case Number:	CM14-0036360		
Date Assigned:	06/25/2014	Date of Injury:	11/16/2002
Decision Date:	07/25/2014	UR Denial Date:	03/14/2014
Priority:	Standard	Application Received:	03/25/2014

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 Orthopedic Surgery, 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 59 year-old female injured on 11/16/02. The mechanism of injury was not listed in the provided documents. Progress notes dated 7/20/13, 3/4/14 and 3/20/14, indicate that there are ongoing complaints of neck pain radiating to the shoulders with hand paresthesia and grip weakness. Physical examination demonstrated tenderness upon palpation of cervical paraspinal muscles overlying the C3-T1 facet joints (left > right); cervical spine and upper extremity range of motion was restricted by pain in all directions; cervical facet joint provocative maneuvers were positive; nerve root tension signs were negative; muscle stretch reflexes are 2+ and symmetrical and muscle strength 5/5 in the upper extremities; sensation decreased to light touch in the left medial and ulnar at fingers. MRI of the cervical spine dated 2/20/14 demonstrated moderate disc degeneration, 1-2 mm disc bulges, borderline central canal stenosis and moderate bilateral foraminal stenosis at C5-C6 and C6-C7; mild disc degeneration and bulging at C4-C5; and moderate kyphosis centered in the lower cervical spine. Previous medications included: Lyrica, Naproxen, Ambien and Orphenadrine Citrate ER. Current medications: Exalgo ER 8 mg, Paxil 30 mg, Norco 10/325 mg, Metformin, Singular, Aciphex And Baby Aspirin. A request had been made for Ambien 5 mg #20, Exalgo 8 mg #30, a 12 panel urine drug screen which was not certified in the utilization review on 3/14/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ambien 5 mg, QTY: 20: 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), Pain (chronic), Insomnia Treatment.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) ODG -TWC / ODG Integrated Treatment/Disability Duration Guidelines; Pain (Chronic) - (updated 7/10/14).

Decision rationale: California Medical Treatment Utilization Schedule (CAMTUS) does not address this medication. Official Disability Guidelines states Ambien (Zolpidem) is a prescription short-acting non-benzodiazepine hypnotic for the short-term (usually 2 to 6 weeks) treatment of insomnia. Given the date of injury, clinical presentation, previous use of Ambien, and this medication's habit-forming potential, the request is not considered medically necessary.

Exalgo 8 mg, QTY: 30: Upheld

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

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

Decision rationale: Exalgo (Hydromorphone) is a once-a-day extended release opioid formulation for the management of moderate to severe pain in opioid-tolerant patients requiring continuous, around-the-clock opioid analgesia and is needed for an extended period of time. Official Disability Guidelines support long-acting opiates in the management of chronic pain; however, the management of opiate medications should include the lowest possible dose to improve pain and function, as well as the ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. The claimant suffers from chronic pain; however, there is no objective documentation of improvement in their pain or function, in progress notes from July 2013 through May 2014. As such, this request is not considered medically necessary.

12 panel urine drug screen, QTY: 1: 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), Pain (Chronic).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 Drug testing MTUS (Effective July 18, 2009) Page(s): 43.

Decision rationale: Chronic Pain Medical Treatment Guidelines support urine drug screening as an option to assess for the use or the presence of illegal drugs; or in patients with previous issues of abuse, addiction or poor pain control. A progress note dated 3/4/2014 states there was no

aberrant behavior. Given the lack of documentation of high risk behavior, previous abuse or misuse of medications, the request is not considered medically necessary.