

Case Number:	CM14-0046546		
Date Assigned:	07/02/2014	Date of Injury:	11/30/2002
Decision Date:	08/26/2014	UR Denial Date:	04/04/2014
Priority:	Standard	Application Received:	04/14/2014

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. 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 51-year-old female who reported an injury on 11/30/2002. The mechanism of injury was not provided for clinical review. The diagnoses included thoracic outlet syndrome, pain-related insomnia, pain-related depression, cervicogenic migraine headache, cervical strain. Previous treatments included medication and acupuncture. Within the clinical note dated 03/14/2014, it was reported the injured worker complained of nausea related to her spasms. The injured worker reported having difficulty with the use of her left arm, and movements are slow. On physical examination, the provider noted tenderness to palpation throughout the cervical spine and bilateral cervical paraspinal regions. The range of motion in the cervical spine was moderately reduced in all planes, except for extension, which was severely reduced. The provider requested Phenergan, Lidoderm, Lunesta, and Zanaflex. However, rationale was not provided for clinical review. The Request for Authorization was submitted and dated on 03/26/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Prescription for Phenergan 25mg #90 with 2 refills: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain (Chronic).

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

Decision rationale: The Official Disability Guidelines note anti-emetics are not recommended for nausea and vomiting secondary to chronic opioid use. The guidelines note nausea and vomiting is a common use with opioids. The side effects tend to diminish over days to weeks of continued exposure. Studies of opioid adverse effects, including nausea and vomiting, are limited to short-term duration (less than 4 weeks) and have limited application to long-term use. If nausea and vomiting remain prolonged, other etiologies of these symptoms should be evaluated for. The differential diagnoses include gastroparesis primarily due to diabetes. The injured worker has been utilizing the medication for an extended period of time, since at least 05/2013, which exceeds the guidelines' recommendation of short-term use of 4 weeks. There is a lack of documentation indicating the efficacy of the medication as evidenced by significant functional improvement. The request submitted failed to provide the frequency of the medication. Therefore, the request is not medically necessary.

1 Prescription for Lidoderm 5% Topical Film, #90 with 2 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical NSAIDs Page(s): 111-112.

Decision rationale: The California MTUS Guidelines note topical NSAIDs are recommended for the use of osteoarthritis and tendonitis, in particular, that of the knee and/or elbow and other joints that are amenable. Topical NSAIDs are recommended for short-term use of 4 to 12 weeks. There is little evidence to utilize topical NSAIDs for the treatment of osteoarthritis of the spine, hip, or shoulder. The guidelines note Lidoderm is primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Lidoderm is also off-label use for diabetic neuropathic pain. There is a lack of documentation indicating the efficacy of the medication, as evidenced by significant functional improvement. The request submitted failed to provide the frequency of the medication. The request submitted failed to provide the treatment site. The injured worker has been utilizing the medication for an extended period of time, which exceeds the guidelines' recommendation of short-term use of 4 to 12 weeks. Therefore, the request is not medically necessary.

1 Prescription for Lunesta 3mg, #30 with 2 refills: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain (Chronic).

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

Decision rationale: The Official Disability Guidelines do not recommend Lunesta for long-term use, but recommended it for short-term use. They recommend that insomnia treatment be based on the etiology. Pharmacological agents should be only used after careful evaluation of potential causes of sleep disturbances. Failure of sleep disturbances to resolve in a 7 to 10 day period may indicate a psychiatric or a medical illness. Primary insomnia is generally addressed pharmacologically. Secondary insomnia may be treated with pharmacological and/or psychological measures. The specific component of insomnia should be addressed, sleep onset, sleep maintenance, and sleep quality, and next-day functioning. There is a lack of documentation indicating the efficacy of the medication, as evidenced by significant functional improvement. The injured worker has been utilizing the medication for an extended period of time since 05/2013, which exceeds the guidelines' recommendation of short-term use. The request submitted failed to provide the frequency of the medication. Therefore, the request is not medically necessary.

1 Prescription for Zanaflex 4mg #120 with 2 refills: Upheld

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

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

Decision rationale: The California MTUS Guidelines recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbation in patients with chronic low back pain. The guidelines note the medication is not recommended to be used for longer than 2 to 3 weeks. Muscle relaxants may be effective in reducing pain, muscle tension, and increasing mobility. However, in most low back pain cases, they show no benefit beyond NSAIDs in pain and overall improvement. There is a lack of documentation indicating the efficacy of the medication as evidenced by significant functional improvement. The request submitted failed to provide the frequency of the medication. The injured worker has been utilizing the medication for an extended period of time, since at least 05/2013, which exceeds the guidelines' recommendation of short-term use of 2 to 3 weeks. Therefore, the request is not medically necessary.