

Case Number:	CM14-0053273		
Date Assigned:	07/07/2014	Date of Injury:	12/06/2002
Decision Date:	08/07/2014	UR Denial Date:	04/16/2014
Priority:	Standard	Application Received:	04/22/2014

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 Illinois. 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 who reported an injury on 12/06/2002. The mechanism of injury was not provided in the documentation. Prior treatment was noted to be aqua therapy. The injured worker's diagnoses were noted to be carpal tunnel syndrome, myalgia and myositis. A Primary Treating Physician's Progress Report dated 10/23/2013 is the only clinical information provided for review. It indicates the injured worker's subjective complaints as total body pain, chronic fatigue, problems sleeping, and morning gel phenomenon. The objective findings included no new joint swelling, normal neurologic examination, and no rheumatoid arthritis deformities. The treatment plan included continuing with pool exercises and topical medication. The provider's rationale for the request was not provided within the documentation. The Request for Authorization for Medical Treatment was not submitted with this review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ambien 10mg 1hs prn #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, Pain Chapter, Ambien (zolpidem tartrate), Zolpidem.

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

Decision rationale: . The Official Disability Guidelines indicate Ambien is a prescription short acting nonbenzodiazepine hypnotic, which is approved for the short term (usually 2 weeks to 6 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. The Primary Treating Physician's Progress Report dated 10/23/2013 indicates the injured worker with problems sleeping. The documentation fails to provide a duration of Ambien therapy. It is not noted that there has been efficacy with use. Therefore, the request for Ambien 10mg 1hs prn #20 is not medically necessary and appropriate.

12 sessions of Aquatic Therapy: Upheld

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

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

Decision rationale: The Official Disability Guidelines recommend aquatic therapy as an option form of exercise therapy, where available, as an alternative to land-based physical therapy. Aquatic therapy (including swimming) can minimize the effects of gravity, so it is specifically recommended where reduced weight-bearing is desirable, for example extreme obesity. The guidelines recommend therapy treatment for myalgia and myositis, providing 9 visits to 10 visits over 8 weeks. The Primary Treating Physician's Progress Report does not indicate a rationale for reduced weight-bearing. There was no indication in the documentation that the injured worker cannot participate in land-based exercise. The clinical evaluation fails to indicate objective functional deficits, range of motion values and motor strength scores. Efficacy of prior aquatic therapy is not noted. In addition, the request for 12 sessions of aqua therapy is in excess of the recommendations by the guidelines. Therefore, the request for 12 sessions of Aquatic Therapy is not medically necessary and appropriate.

Ultram 50mg 1 tab bid #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, On-Going Management Page(s): 78.

Decision rationale: The California MTUS Chronic Pain Medical Treatment Guidelines provide 4 domains that are relevant for ongoing monitoring of chronic pain patients on opioids. These include 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. The clinical documentation should include pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include the current pain, the least reported pain over the period since the last assessment, the average pain, the 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. The Primary Treating Physician's Progress Report dated 10/23/2013 fails to provide an adequate pain assessment. The documentation does not provide any indications of side effects or efficacy, nor does the documentation indicate use of a urine drug screen. Therefore, the request for Ultram 50mg 1 tab bid #60 is not medically necessary and appropriate.