

Case Number:	CM14-0060398		
Date Assigned:	09/12/2014	Date of Injury:	11/15/2005
Decision Date:	11/10/2014	UR Denial Date:	04/07/2014
Priority:	Standard	Application Received:	05/01/2014

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 Texas and Oklahoma. 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 male who reported an injury on 03/01/2006. The mechanism of injury was a lifting injury. His diagnoses include status post right shoulder arthroscopic acromioplasty, status right carpal tunnel release, cervical radioclopathy, cervical stenosis, cubital tunnel syndrome (right arm), insomnia, and right shoulder pain. The injured worker was previously treated with medication, work modification, epidural steroid injection to C7-T1, and pain management. Diagnostic studies included an EMG/NCV which was performed on 12/03/2013. The injured worker previously underwent a right carpal tunnel release, and a cervical discectomy and fusion; however, the dates of the procedures were not indicated. On 01/17/2014, the injured worker complained of neck pain that radiated bilaterally into the upper extremities and thoracic spine. The injured worker had frequent muscle spasms in the thoracic spine, low back pain that radiated bilaterally to the lower extremities, and upper extremity pain bilaterally in the elbows and shoulders. There was evidence of lower extremity pain bilaterally, occipital headache pain, and increased depression due to his pain. His pain was rated 8/10 with medications and 10/10 without medications and his pain increased with activity. On physical exam there were spasms noted bilaterally in the trapezius muscles and bilaterally in the paraspinal muscles. There was tenderness noted in the bilateral paravertebral muscles in the C4-7 area upon palpation. His pain was significantly increased with flexion, extension and rotation. He had decreased sensation bilaterally. Motor exam showed decreased strength bilaterally. There was tenderness noted at both the elbow and the wrist with decreased range of motion. Motor exam showed decreased strength of the extensor muscles in the bilateral lower extremities. His medication regimen included Soma 350mg 1 tablet at bed time for spasms, hydrocodone/apap 10/325 1 tablet every 6 hours as needed, Lidoderm 5% patch apply 1 patch to

area as directed; 12 hours on, 12 hours off, Lyrica 100mg one tablet three times a day, MS Contin 30mg 1 tablet two times a day, omeprazole 20mg take 1capsule once daily, trazadone 50mg take 1 tablet at bedtime, rizatriptan 10mg odt, and zolpidem 10mg take 1 tablet at bedtime. His treatment plan included recommendations for continuation of medications and pain management. The rationale for the request was not submitted. The request for authorizaiton form was not provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

Zolpidem tartate 10mg #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, Pain Chapter

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

Decision rationale: The Official Disability Guidelines note Zolpidem is a prescription short acting non-benzodiazepine hypnotic, which is approved for the short-term (usually 2 to 6 weeks) treatment of insomnia. It is recommended that treatments for insomnia should reduce time to sleep onset, improve sleep maintenance, avoid residual effects and increase next-day functioning. The injured worker does complain of insomnia. The injured worker has been prescribed Zolpidem since at least 01/2014; therefore, the request for continued use of Zolpidem would exceed the guideline recommendation for short term treatment. There is a lack of documentation indicating the injured worker has experienced a reduction in the time to sleep onset, improvement of sleep maintenance, avoidance of residual effects and increased next-day functioning. Additionally, the request does not indicate the frequency at which the medication is prescribed in order to determine the necessity of the medication. As such the request is not medically necessary.

Soma 350 mg #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 Pain Chapter Carisoprodol

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic pain, muscle relaxants Page(s): 63-65..

Decision rationale: The California MTUS guidelines state, the use of Soma is not recommended for longer than a 2-3 week period. Soma is metabolized to meprobamate, an anxiolytic that is a schedule IV controlled substance. Soma is classified as a schedule IV drug in several states, but not on a federal level. It is suggested that its main effect is due to generalized sedation as well as treatment of anxiety. This drug was approved for marketing before the FDA required clinical

studies to prove safety and efficacy. The injured worker does report continued pain and spasm. The injured worker has been prescribed Soma since at least 01/2014; therefore, the request for continued use of Soma would exceed the guideline recommendation for short term treatment. There is a lack of documentation indicating the injured worker has significant objective functional improvement with the medication. Additionally, the request does not indicate the frequency at which the medication is prescribed in order to determine the necessity of the medication. As such, the request is not medically necessary.

Hydrocodone-Acetaminophen 10/325mg #120: 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 Opioids, on-going management Page(s): 77-96.

Decision rationale: The California MTUS guidelines recommend ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. Pain assessment should include quantitative result of current pain, least reported pain over the period of time from last assessment; average pain, intensity of pain after taking the opioid, the time 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 functional status or improved quality of life. The use of four domains has been proposed as most relevant for ongoing monitoring of chronic pain patients using opioids. The four domains are pain relief, side effects, physical and psychosocial functioning and the occurrence of any potentially aberrant drug related behaviors. Withdrawal symptoms may occur with abrupt discontinuation. The injured worker does report continued pain. Within the documentation, the requesting physician did not include a complete pain assessment. There is a lack of documentation indicating the injured worker has significant objective functional improvement with the medication. Additionally, the request does not indicate the frequency at which the medication is prescribed in order to determine the necessity of the medication. As such, the request is not medically necessary.

Lidoderm patch 5% #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics (lidocaine patch) Page(s): 56..

Decision rationale: The California MTUS guidelines state topical lidocaine may be recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (tri-cyclic or SNRI antidepressants or an AED such as gabapentin or Lyrica) this is not a first-line treatment and is only FDA approved for post-herpetic neuralgia. Further research is needed to recommend this treatment for chronic neuropathic pain disorders other than post-herpetic neuralgia. Within the provided documentation there is no indication that the injured

worker had neuropathic pain that failed the use of first line treatment options. There is a lack of documentation indicating the injured worker has significant objective functional improvement with the medication. Additionally, the request does not indicate the frequency at which the medication is prescribed in order to determine the necessity of the medication. As such, the request is not medically necessary.

Rizatriptan 10mg #9: Upheld

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

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

Decision rationale: The Official Disability Guidelines recommend for migraine sufferers. At marketed doses, all oral triptans are effective and well tolerated. A poor response to one triptan does not predict a poor response to other agents in that class. Rizatriptan has demonstrated, in a head-to-head study, higher response rates and a more rapid onset of action than sumatriptan, together with a favorable tolerability profile. The injured worker does have complaints of headaches, however, there was no documentation indicating the injured worker was diagnosed with migraine headaches or evidence to support the injured worker having migraine headaches. There is a lack of documentation indicating the injured worker has significant objective functional improvement with the medication. Additionally, the request does not indicate the frequency at which the medication is prescribed in order to determine the necessity of the medication. As such, the request is not medically necessary.

Fioricet 50/325/40mg #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 Barbiturate-containing analgesic agents, (BCAs) Page(s): 23..

Decision rationale: The California MTUS guidelines state, not recommended for chronic pain. The potential for drug dependence is high and no evidence exists to show a clinically important enhancement of analgesic efficacy of the BCAs due to the barbiturate constituents. There is a risk of medication overuse as well as rebound headache. The injured worker does have complaints of headaches, however, there was no documentation indicating the injured worker was diagnosed with migraine headaches or evidence to support the injured worker having migraine headaches. There is a lack of documentation indicating the injured worker has significant objective functional improvement with the medication. Additionally, the request does not indicate the frequency at which the medication is prescribed in order to determine the necessity of the medication. As such, the request is not medically necessary.