

Case Number:	CM14-0070298		
Date Assigned:	08/06/2014	Date of Injury:	07/10/2002
Decision Date:	09/12/2014	UR Denial Date:	05/07/2014
Priority:	Standard	Application Received:	05/15/2014

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 65-year-old female who reported an injury on 07/10/2002, due to hearing a pop in the popliteal fossa region of the knee and felt a sensation to her posterior thigh radiating to the buttocks. The injured worker had a history of right lower extremity pain with a diagnosis of anxiety and depression and reflex sympathetic dystrophy. The past treatments included physical therapy, 24 sessions, pool therapy, medication, a home exercise program, moist heat and stretches, cortisone injections and a spinal cord stimulator. Diagnostics were not available for review. The clinical notes dated 05/23/2014 included a physical exam that revealed normal deep tendon reflexes to the upper and lower extremities bilaterally. The lumbosacral exam revealed on tenderness to palpation. The right lower extremity cutaneous temperature was slightly reduced compared to the left. The motor exam revealed antalgic weakness to the gait, bilateral lumbar spasms, decreased strength bilaterally of the lower extremities. Sensory examination revealed light touch decreased bilaterally. Normal pulses bilaterally to upper and lower extremities. The medication included gabapentin 600 mg, Ambien 10 mg, alprazolam 0.5 mg, Wellbutrin XL 150 mg, and Norco 10/325 mg. The injured worker reported pain of 5/10, no location given. The treatment plan included was to continue conservative treatment that included a home exercise program, moist heat and stretches. The request for authorization dated 06/30/2014 for the alprazolam 0.5 mg and the urinalysis was submitted with documentation. The request for authorization for Wellbutrin 150 mg was submitted on 08/06/2014. The request for Ambien, Norco, and physical therapy was not provided. The rationale was not provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

Alprazolam 0.5 mg #30 between 04/24/2014 and 07/04/2014: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepine. Decision based on Non-MTUS Citation Official Disability Guidelines Mental Illness and Stress.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic pain, Benzodiazepine Page(s): 24.

Decision rationale: The California MTUS guidelines do not recommend Benzodiazepines for long-term use and most guidelines limit use to 4 weeks. The clinical notes dated 11/19/2013 shows it was prescribed and again on 05/23/2014, exceeding the 4 weeks. Per the psychiatric review documentation, the injured worker complained that the Ambien was making her "not clear headed" and felt that her head was in a fog constantly. The request did not address the frequency. As such, the request is not medically necessary and appropriate.

Wellbutrin 150 mg #30 between 04/24/2014 and 07/04/2014: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants. Decision based on Non-MTUS Citation Official Disability Guidelines Mental Illness and Stress - Antidepressants.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Bupropion (Wellbutrin) Page(s): 27.

Decision rationale: The CA MTUS recommend bupropion as an option after other agents. While bupropion has shown some efficacy in neuropathic pain there is no evidence of efficacy in patients with non-neuropathic chronic low back pain. Furthermore, bupropion is generally a third-line medication for diabetic neuropathy and may be considered when patients have not had a response to a tricyclic or SNRI. The California MTUS Guidelines recommend bupropion as an option after other agents. Some efficacy for neuropathic pain was evident; however, per the documentation the injured worker did not have a diagnosis of neuropathic pain and no documentation provided that other agents had been utilized first. The request did not indicate the frequency. As such, it is not medically necessary and appropriate.

Norco 10/325mg #120 between 04/24/2014 and 07/04/2014: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines On Going Pain Management Page(s): 75, 78.

Decision rationale: The California MTUS guidelines recommend short acting opioids such as Norco for controlling chronic pain. For ongoing management, there should be documentation of

the 4 A's including analgesia, activities of daily living, adverse side effects and aberrant drug taking behavior. Per the documentation provided, the clinical notes did not address activities of daily living, the adverse side effects, aberrant drug taking behavior for ongoing pain management. Per the injured worker's history, there was an injury at the knee region, extending into the buttocks. Per the 05/25/2014 clinical note, the physical examination for the knee did not reveal any abnormal findings. The request for Norco did not indicate the frequency. As such, the request is not medically necessary and appropriate.

Ambien 10 mg #60 between 04/24/2014 and 07/04/2014: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Zolpidem (Ambien).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation (ODG) Pain Chapter, Zolpidem.

Decision rationale: The Official Disability Guidelines indicate Zolpidem (Ambien) is appropriate for the short-term treatment of insomnia, generally 2 - 6 weeks. Per the documentation, the injured worker complained that the Ambien feel like she was in a fog, indicated that she felt like her head was in a fog constantly and was not clear headed, and it was stated that she had become depressed. Per the guidelines, indicates that Ambien is appropriate for short term treatment of insomnia, no greater than 2-6 weeks. However, the injured worker had been on the Ambien greater than 6 weeks. Per the documentation, the injured worker was prescribed Ambien on 01/31/2014 and again the injured worker was prescribed the Ambien on 05/23/2014, exceeding the 4-6 weeks. The request did not indicate a frequency. As such, the request is not medically necessary and appropriate.

1 urine toxicology (drug) screen between between 04/24/2014 and 07/04/2014: 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 Drug testing Page(s): 43.

Decision rationale: The California MTUS recommend drug screens as an option, using a urine drug screen to assess for the use or the presence of illegal drugs. For more information, see Opioids, criteria for use: (2) Steps to Take before a Therapeutic Trial of Opioids & (4) On-Going Management; Opioids, differentiation: dependence & addiction; Opioids, screening for risk of addiction (tests); & Opioids, steps to avoid misuse/addiction. Per the clinical notes provided, the injured worker had a urinalysis provided that indicated positive for marijuana. As such, a second urinalysis is not medically necessary. As such, the request is not medically necessary and appropriate.

Twelve physical therapy visits between 04/24/2014 and 07/04/2014: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

Decision rationale: The California MTUS recommend physical medicine as indicated below. 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. 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. Home exercise can include exercise with or without mechanical assistance or resistance and functional activities with assistive devices. Recommended sessions for Neuralgia, neuritis, and radiculitis, unspecified are 8-10 visits over 4 weeks. Per the guidelines, passive therapy can provide short term relief at the early phases of treatment; however, the injured worker's injury was 07/10/2002. The injured worker had had at least 24 visits of physical therapy, along with pool therapy. The injured worker currently has a spinal cord stimulator to control pain. The documentation was not evident of any special circumstances that warrant additional therapy. The request did not indicate the location for the physical therapy. As such, the request is not medically necessary and appropriate.