

Case Number:	CM14-0088228		
Date Assigned:	07/23/2014	Date of Injury:	09/17/2001
Decision Date:	09/26/2014	UR Denial Date:	06/05/2014
Priority:	Standard	Application Received:	06/12/2014

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 Anesthesiology, has a subspecialty in Pain Medicine 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 45 year old female who had a work related injury on 09/17/01. She was backing up her car from the parking spot where she was hit on the passenger side by another car injuring her neck and shoulder. The most recent medical record submitted for review is dated 01/29/14. The injured worker presented with neck pain radiating from the neck into both upper extremities. No new problems or side effects. No side effects reported with the use of medication. Previous procedures included cervical epidural steroid injection on 03/31/08 with excellent relief, although she complained of restless leg syndrome for 2 weeks following the epidural. She has had cervical epidural steroid injections in 2006, 2008, 2012, and 2013. MRI of the cervical spine dated 09/05/13 shows straightening cervical lordosis. At C4-5 a 5 x 2 x 4mm paracentral disc extrusion with inferior contiguous subligamentous extent. Mild uncovertebral hypertrophy and moderate facet arthropathy resulting in moderate to severe canal stenosis, AP dimension of the spinal canal is 6mm with moderate right, mild left neuroforaminal narrowing. At C5-6 a small right paracentral disc protrusion in addition to an apparent moderate left subarticular disc protrusion, this measures 3mm midline. Uncovertebral hypertrophy and mild facet arthropathy with moderate canal stenosis. Moderate right, severe left neuroforaminal narrowing. At C6-7 small to moderate 4mm broad based disc bulge eccentric to the left with uncovertebral hypertrophy, mild facet arthropathy resulting in moderate canal stenosis. No right, at least moderate left neuroforaminal narrowing. Physical examination the injured worker ambulates without a device. Gait of the injured worker is normal. No cervical lordosis, asymmetry, or abnormal curvature noted on inspection of the cervical spine. Range of motion is restricted with flexion limited to 40 degrees, extension limited to 15 degrees, right lateral bending limited to 20 degrees, and left lateral bending limited to 20 degrees, rotation to the right is limited to 60 degrees, and rotation to the left is limited to 55 degrees. On examination of the

paravertebral muscles, hypertonicity, spasm, and tenderness noted on both sides. Tenderness is noted at the paracervical muscles, rhomboids, and trapezius. Spurling's maneuver causes pain in the muscles of the neck radiating to the upper extremities. Reflexes are 2+ in the upper extremities bilaterally. Strength is rated 5/5 in the upper extremities. Diagnoses should include pain, cervical radiculopathy, cervical pain, spasm of muscles. Prior utilization review on 06/04/14 for Soma was non-certified. Current request is for Soma 250mg #30, Lidoderm patch 5% #30, and Intermezzo 1.75mg #20.

IMR ISSUES, DECISIONS AND RATIONALES

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

Intermezzo 1.75 mg #20: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG-TWC -Pain Procedure Summary Mosbys Drug Consult.

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

Decision rationale: As noted in the Pain (Chronic) of the Official Disability Guidelines (ODG) - online version, Ambien is approved for the short-term (usually two to six weeks) treatment of insomnia. Pain specialists rarely, if ever, recommend it for long-term use. Ambien can be habit-forming, and may impair function and memory more than opioid pain relievers. There is also concern that it may increase pain and depression over the long-term. The patient has been utilizing this medication on a long-term basis, exceeding the recommended 2-6 week window of use. As such, the request for Intermezzo 1.75 mg #20 cannot be recommended as medically necessary.

Soma 250 mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants for pain. Decision based on Non-MTUS Citation FDA.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Carisoprodol Page(s): 65.

Decision rationale: As noted on page 65 of the Chronic Pain Medical Treatment Guidelines, Soma is not recommended for long-term use. This medication is FDA-approved for symptomatic relief of discomfort associated with acute pain in musculoskeletal conditions as an adjunct to rest and physical therapy. The documentation indicates that the patient is being prescribed the medication for chronic pain and long-term care exceeding the recommended treatment window. Therefore, medical necessity has not been established.

Lido derm patches 5% #30: Upheld

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

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

Decision rationale: As noted on page 56 of the Chronic Pain Medical Treatment Guidelines, the safety and efficacy of compounded medications has not been established through rigorous clinical trials. Lidoderm is recommended for a trial if there is evidence of localized pain that is consistent with a neuropathic etiology. There should be evidence of a trial of first-line neuropathy medications (tri-cyclic or SNRI anti-depressants or an AED such as gabapentin or Lyrica). Lidoderm is not generally recommended for treatment of osteoarthritis or treatment of myofascial pain/trigger points. Therefore this compound cannot be recommended as medically necessary as it does not meet established and accepted medical guidelines.