

Case Number:	CM14-0097749		
Date Assigned:	07/28/2014	Date of Injury:	07/30/2012
Decision Date:	09/09/2014	UR Denial Date:	06/12/2014
Priority:	Standard	Application Received:	06/25/2014

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 Nevada. 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 47 year-old female who was reportedly injured on July 30, 2012. The mechanism of injury is not listed in these records reviewed). The most recent progress note dated April 21, 2014, indicates that there are ongoing complaints of sleep issues leading to fatigue. The medication Ambien, Paxil and Xanax are being taken. No specific physical examination findings were presented. A follow-up progress note completed on May 15, 2014 indicates ongoing complaints of neck pain, right upper extremity involvement, and chronic pain. The physical examination of neck noted muscle spasm, a decreased range of motion and sensory changes in the C5 & C6 distributions. The lumbar spine noted tenderness to palpation, a decreased range of motion with muscle spasm, and decrease sensation a multiple dermatomes. Diagnostic imaging studies are not presented for review. Previous treatment includes epidural steroid injections, multiple medications, physical therapy and pain management techniques. A request was made for multiple medications and was not certified in the pre-authorization process on June 11, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Zanaflex 4mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) - Tizanidine (Zanaflex(r), generic available).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antispasticity/Antispasmodic Drugs Page(s): 66.

Decision rationale: When noting the date of injury, the injury sustained, the amount of time these medications have been employed, the ongoing complaints of pain and the finding a physical examination, there is clearly no clinical indication presented did this medication has any efficacy whatsoever. Furthermore, as noted in the California Medical Treatment Utilization Schedule this medication is indicated for the treatment of spasticity. A malady that this lady does not have. Therefore, when noting the current clinical condition outlined in the progress notes reviewed and the parameters noted in the California Medical Treatment Utilization Schedule, there is no medical necessity for the continued use of this medication.

Ambien 10mg #15: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Integrated Treatment/Disability Duration Guidelines, Stress & Mental Illness Chapter - 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 chapter updated July, 2014.

Decision rationale: As outlined in the Official Disability Guidelines, this is a short acting, non-benzodiazepine hypnotic indicated for short-term use. There is a specific contraindication and not recommendation for the long-term use particular for chronic pain. While understanding this and hygiene is a crucial portion of it chronic pain medicine protocol, his medication is not indicated to address a sleep hygiene aspect. Therefore, there is no medical necessity presented to support this request.

2nd Right C5-C6 epidural steroid injection: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs) Page(s): 46.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 46.

Decision rationale: California Medical Treatment Utilization Schedule guidelines support epidural steroid injections when radiculopathy is documented on physical examination and corroborated by imaging and electrodiagnostic studies in individuals who have not improved with conservative care. Based on the clinical documentation provided, there is insufficient clinical evidence that the proposed procedure meets the California Medical Treatment Utilization Schedule guidelines. While noting a sensory loss in the upper extremity, there is no electrodiagnostic evidence to suggest a verifiable radiculopathy. As such, the requested procedure is deemed not medically necessary.

Bilateral L3-L4 epidural steroid injection: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs) Page(s): 46.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 46.

Decision rationale: California Medical Treatment Utilization Schedule guidelines support epidural steroid injections when radiculopathy is documented on physical examination and corroborated by imaging and electrodiagnostic studies in individuals who have not improved with conservative care. Based on the clinical documentation provided, there is insufficient clinical evidence that the proposed procedure meets the California Medical Treatment Utilization Schedule guidelines. While noting a sensory loss in the upper extremity, there is no electrodiagnostic evidence to suggest a verifiable radiculopathy. As such, the requested procedure is deemed not medically necessary.

Right L5-S1 epidural steroid injection: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs) Page(s): 46.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 46.

Decision rationale: California Medical Treatment Utilization Schedule guidelines support epidural steroid injections when radiculopathy is documented on physical examination and corroborated by imaging and electrodiagnostic studies in individuals who have not improved with conservative care. Based on the clinical documentation provided, there is insufficient clinical evidence that the proposed procedure meets the California Medical Treatment Utilization Schedule guidelines. While noting a sensory loss in the upper extremity, there is no electrodiagnostic evidence to suggest a verifiable radiculopathy. As such, the requested procedure is deemed not medically necessary.