

Case Number:	CM14-0097768		
Date Assigned:	07/28/2014	Date of Injury:	09/29/1995
Decision Date:	09/23/2014	UR Denial Date:	06/06/2014
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 Occupational 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic neck and foot pain reportedly associated with an industrial injury of September 29, 1995. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; transfer of care to and from various providers in various specialties; earlier lumbar fusion surgery in March 2012; subsequent arthroscopy on April 15, 2014; anxiolytic medications; and extensive periods of time off of work. In a Utilization Review Report dated August 11, 2014, the claims administrator apparently failed to approve a request for several medications, including Valium, Reglan, Ambien and MS Contin. The applicant's attorney subsequently appealed. In a January 22, 2014 progress note, the applicant was described as having persistent complaints of foot and neck pain. The applicant was having issues with a hoarse voice following earlier cervical fusion surgery. 10/10 pain was noted without medications versus 6-7/10 pain with medications. The applicant requested a swivel chair and hand rails to help her get in and out of her shower tub. The applicant was using morphine, Valium, Ambien, Reglan, and Lidoderm, it was stated. Work restrictions were endorsed. It did not appear that the applicant was working, however. On July 28, 2014, the applicant was again described as using morphine, Valium, Reglan, and Lidoderm. The applicant was having difficulty using her right arm. The applicant had a recent flare in pain. Authorization was sought for a bathtub for the applicant. The applicant was asked to continue physical therapy while remaining off of work, on total temporary disability. The attending provider noted that the applicant had issues with diminished grip strength, guarding about the shoulder, and difficulty using the injured arm. In an earlier progress note dated June 30, 2014, the attending provider stated that the applicant's pain scores were diminishing in response to usage of morphine, sometimes from 8-9/10 without medications to 4-5/10 pain with medications. The attending provider acknowledged that the applicant was not able to do housework, needed a

caregiver to help her shower, and further note that the applicant's ability to use her right arm was limited. The applicant was again placed off of work, on total temporary disability. The attending provider stated on June 30, 2014 that the applicant was using Valium to calm her down, implying that Valium was being employed for anxiety.

IMR ISSUES, DECISIONS AND RATIONALES

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

Valium 5mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 402.

Decision rationale: While the MTUS Guideline in ACOEM Chapter 15, page 402 does acknowledge that brief usage of anxiolytics such as Valium may be appropriate in cases of overwhelming symptoms, so as to afford an applicant with the opportunity to recoup emotional or physical resources, in this case, however, it appears that the attending provider has been employing Valium for chronic, long-term, and daily use purposes, for anxiety. The applicant has been described as using Valium for what appears to be a span of several months. This is not an ACOEM-approved indication for the same. Therefore, the request is not medically necessary.

Reglan 10mg #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 Page(s): 7-8. Decision based on Non-MTUS Citation Food and Drug Administration (FDA), Reglan Medication Guide.

Decision rationale: While the MTUS does not address the topic of Reglan usage, pages 7 and 8 of the MTUS Chronic Pain Medical Treatment Guidelines do stipulate that an attending provider using a drug for non-FDA label purpose has a responsibility to be well informed regarding usage of the same and should, furthermore, furnish some compelling evidence to support provision of the same. The Food and Drug Administration (FDA), however, notes that usage of Reglan should not exceed 12 weeks in duration. In this case, it appears that the applicant has been using Reglan for well over 12 weeks or three months. The applicant was described as using Reglan as early as December 2, 2013 and was still using Reglan on July 28, 2014. Reglan, per the FDA, furthermore, is indicated only in the treatment of symptomatic gastroesophageal reflux and/or nausea or vomiting associated with diabetic gastroparesis. In this case, however, there is no evidence that the applicant carries either diagnosis of symptomatic gastroesophageal reflux disease and/or diabetic gastroparesis for which usage of Reglan would be indicated. Again, furthermore, the total treatment duration with Reglan, moreover, is well above the 12-week

FDA-suggested maximum duration. The attending provider did not furnish any compelling applicant-specific rationale or medical evidence so as to offset the unfavorable FDA position on long-term usage of Reglan. Therefore, the request is not medically necessary.

Ambien 5mg #30: 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 Page(s): 7-8. Decision based on Non-MTUS Citation Food and Drug Administration (FDA), Ambien Medication Guide.

Decision rationale: While the MTUS does not address the topic, pages 7 and 8 of the MTUS Chronic Pain Medical Treatment Guidelines do stipulate that an attending provider using a drug for non-FDA purposes has a responsibility to be well informed regarding usage of the same, and should, furthermore, furnish compelling evidence to support such usage. In The Food and Drug Administration (FDA) Guidelines it notes that Ambien is indicated in the short-term of insomnia, for up to 35 days. In this case, however, it appears that the attending provider has chosen to employ Ambien for chronic, long-term, and/or scheduled use purposes, despite the unfavorable FDA position on the same. The applicant was noted as using Ambien as early as December 2, 2013 and continued to use Ambien through May 19, 2014 and that is well over the 35-day FDA-suggested cap for Ambien usage. The attending provider did not furnish any compelling medical evidence or applicant-specific rationale so as to offset the unfavorable FDA position on the same. Therefore, the request is not medically necessary.

MS Contin 15mg #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 When to Continue Opioids topic Page(s): 80.

Decision rationale: As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of the same. In this case, however, the applicant is off of work, on total temporary disability. While the attending provider has outlined some decrements in pain reportedly achieved with ongoing MS Contin usage, the attending provider has himself acknowledged that the applicant's ability to perform even basic activities of daily living, such as housework, household chores, self-care, etc., remains significantly constrained. Continuing MS Contin does not appear to be appropriate in this context. Therefore, the request is not medically necessary.