

Case Number:	CM14-0193062		
Date Assigned:	11/21/2014	Date of Injury:	05/29/2012
Decision Date:	01/14/2015	UR Denial Date:	10/14/2014
Priority:	Standard	Application Received:	11/18/2014

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, 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:

This is a patient with a date of injury of 5/29/12. A utilization review determination dated 10/14/14 recommends non-certification of polysomnogram, CT myelogram, Botox, Fioricet, Zanaflex, and Zolpidem. It referenced a 9/17/14 medical report (not included for review) identifying insomnia, depression, cervical pain and spasm, dysphasia, anxiety, left shoulder burning, occipital headaches, acid reflux, aching, and numbness in the leg. On exam, there was hyperactive jaw jerking and bruxism. Recommendations included follow-up for pain management, 2nd cervical ESI, ENT, psychotherapy, Zolpidem, polysomnogram, CT myelogram, Botox, Fioricet, and Zanaflex. 8/26/14 polysomnogram report impression of "within normal limits" and recommendation was for good sleep hygiene.

IMR ISSUES, DECISIONS AND RATIONALES

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

Polysomnography: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

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, Polysomnography

Decision rationale: Regarding the request for Polysomnography, California MTUS guidelines are silent. ODG states Polysomnograms/sleep studies are recommended for the combination of indications listed below: Excessive daytime somnolence, Cataplexy (muscular weakness usually brought on by excitement or emotion, virtually unique to narcolepsy), Morning headache (other causes have been ruled out), Intellectual deterioration (sudden, without suspicion of organic dementia), Personality change (not secondary to medication, cerebral mass or known psychiatric problems), Sleep-related breathing disorder or periodic limb movement disorder is suspected, Insomnia complaint for at least six months (at least four nights of the week), unresponsive to behavior intervention and sedative/sleep-promoting medications and psychiatric etiology has been excluded. A sleep study for the sole complaint of snoring, without one of the above mentioned symptoms, is not recommended. Within the documentation available for review, there is a mention of insomnia, but no indication that it has been present for at least six months (at least four nights of the week), unresponsive to behavior intervention and sedative/sleep-promoting medications and psychiatric etiology has been excluded. Furthermore, no other indication for the study has been presented and it appears that a prior study was performed approximately one month prior to the current request and it was noted to be within normal limits. In light of the above issues, the currently requested Polysomnography is not medically necessary.

CT Myelogram: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Low Back Chapters, Myelography

Decision rationale: Regarding the request for CT myelogram, CA MTUS does not specifically address the issue. ODG notes that it is recommended for demonstration of the site of a cerebrospinal fluid leak (postlumbar puncture headache, postspinal surgery headache, rhinorrhea, or otorrhea); Surgical planning, especially in regard to the nerve roots; Radiation therapy planning, for tumors involving the bony spine, meninges, nerve roots or spinal cord; Diagnostic evaluation of spinal or basal cisternal disease, and infection involving the bony spine, intervertebral discs, meninges and surrounding soft tissues, or inflammation of the arachnoid membrane that covers the spinal cord; Poor correlation of physical findings with MRI studies; or Use of MRI precluded because of claustrophobia, technical issues (patient size), safety reasons (pacemaker), or surgical hardware. Within the documentation available for review, none of the indications described above have been identified and there is no other rationale presented describing the medical necessity of the procedure. In the absence of such documentation, the currently requested CT myelogram is not medically necessary.

Botox injection: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 25-26.

Decision rationale: Regarding the request for Botox, Chronic Pain Treatment Guidelines state that botulinum toxin is not generally recommended for chronic pain disorders, but recommended for cervical dystonia. Guidelines go on to state specifically that botulinum is, "not recommended for the following: tension-type headache; migraine headache; fibromyositis; chronic neck pain; myofascial pain syndrome; and trigger point injections." Within the documentation available for review, there is no indication that the patient has a diagnosis (with supported clinical findings) of cervical dystonia. In the absence of such documentation, the currently requested Botox is not medically necessary.

Zanaflex 2 mg # 40: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 63-66.

Decision rationale: Regarding the request for Zanaflex, Chronic Pain Medical Treatment Guidelines support the use of nonsedating muscle relaxants to be used with caution as a 2nd line option for the short-term treatment of acute exacerbations of pain. Within the documentation available for review, there is no identification of a specific analgesic benefit or objective functional improvement as a result of the medication. Additionally, it does not appear that this medication is being prescribed for the short-term treatment of an acute exacerbation, as recommended by guidelines. In the absence of such documentation, the currently requested Zanaflex is not medically necessary.

Ambien: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

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, Insomnia treatment and Zolpidem

Decision rationale: Regarding the request for Zolpidem (Ambien), California MTUS guidelines are silent regarding the use of sedative hypnotic agents. ODG recommends the short-term use (usually two to six weeks) of pharmacological agents only after careful evaluation of potential causes of sleep disturbance. They go on to state the failure of sleep disturbances to resolve in 7 to 10 days, may indicate a psychiatric or medical illness. Within the documentation available for review, there is no clear description of the patient's insomnia, no statement indicating what behavioral treatments have been attempted, and no evidence of efficacy from prior treatment. Furthermore, there is no indication that Ambien is being used for short-term treatment as

recommended by guidelines. In the absence of such documentation, the currently requested Zolpidem (Ambien) is not medically necessary.

Fioricet # 40: 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): 23.

Decision rationale: Regarding the request for Fioricet, Chronic Pain Medical Treatment Guidelines state that barbiturate containing analgesic agents is not recommended for chronic pain. They go on to state that the potential for drug dependence is high and no evidence exists to show a clinically important enhancement of analgesic efficacy of BCAs due to the barbiturate constituents. As such, the currently requested Fioricet is not medically necessary.