

Case Number:	CM14-0196796		
Date Assigned:	12/04/2014	Date of Injury:	01/01/2009
Decision Date:	01/22/2015	UR Denial Date:	10/23/2014
Priority:	Standard	Application Received:	11/24/2014

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 Emergency 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 48 year-old female, who sustained an injury on January 1, 2009. The mechanism of injury is not noted. Diagnostics have included: Cervical MRI dated November 25, 2013, reported as showing no disc extrusions at C2-4. Treatments have included: acupuncture, medications, cervical epidural injection, right rotator cuff repair, physical therapy. The current diagnoses are: cervicgia, cervical degenerative disc disease, cervical radiculitis. The stated purpose of the request for Baclofen 10mg #60 was not noted. The request for Baclofen 10mg #60 was denied on October 23, 2014, citing a lack of documentation of functional improvement. The stated purpose of the request for Norco 10/325mg #90 was to be more active. The request for Norco 10/325mg #90 was denied on October 23, 2014, citing a lack of documentation of functional improvement or opiate surveillance. The stated purpose of the request for Ambien 10mg #30 was for sleep. The request for Ambien 10mg #30 was denied on October 23, 2014, citing a lack of documentation of functional improvement. The stated purpose of the request for Cymbalta 30mg #30 was not noted. The request for Cymbalta 30mg #30 was denied on October 23, 2014, citing a lack of documentation of medical necessity. Per the report dated October 16, 2014, the treating physician noted complaints of pain to the neck, upper back and bilateral shoulders as well as insomnia and headaches. Exam findings included mild restriction of cervical range of motion, negative Spurling's sign and normal reflexes and muscle strength.

IMR ISSUES, DECISIONS AND RATIONALES

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

Baclofen 10mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 64.

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

Decision rationale: CA MTUS Chronic Pain Treatment Guidelines, Muscle Relaxants, pages 63-66, do not recommend muscle relaxants as more efficacious than NSAIDs and do not recommend use of muscle relaxants beyond the acute phase of treatment. The injured worker has pain to the neck, upper back and bilateral shoulders as well as insomnia and headaches. The treating physician has documented mild restriction of cervical range of motion, negative Spurling's sign and normal reflexes and muscle strength. The treating physician has not documented spasticity or hypertonicity on exam, intolerance to NSAID treatment, nor objective evidence of derived functional improvement from its previous use. The criteria noted above not having been met, the request for Baclofen 10mg #60 is not medically necessary.

Norco 10/325mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78-80.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, On-Going Management & Chronic Pain Page(s): 78-80; 80-82.

Decision rationale: CA MTUS Chronic Pain Treatment Guidelines, Opioids, On-Going Management, pages 78-80, Opioids for Chronic Pain, Pages 80-82, recommend continued use of this opiate for the treatment of moderate to severe pain, with documented objective evidence of derived functional benefit, as well as documented opiate surveillance measures. The injured worker has pain to the neck, upper back and bilateral shoulders as well as insomnia and headaches. The treating physician has documented mild restriction of cervical range of motion, negative Spurling's sign and normal reflexes and muscle strength. The treating physician has not documented VAS pain quantification with and without medications, duration of treatment, objective evidence of derived functional benefit such as improvements in activities of daily living or reduced work restrictions or decreased reliance on medical intervention, nor measures of opiate surveillance including urine drug screening. The criteria noted above not having been met, the request for Norco 10/325mg #90 is not medically necessary.

Ambien 10mg #30: 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), Treatment Index, 11th Edition (web), 2014, Pain 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), -TWC, Integrated Treatment/Disability Duration Guidelines, Pain(Chronic), (updated 07/10/14), Insomnia Medications.

Decision rationale: CA MTUS is silent. ODG -TWC, Integrated Treatment/Disability Duration Guidelines, Pain (Chronic), (updated 07/10/14), Insomnia Medications; note "Zolpidem is a prescription short-acting nonbenzodiazepine hypnotic, which is approved for the short-term (usually two to six weeks) treatment of insomnia". The injured worker has pain to the neck, upper back and bilateral shoulders as well as insomnia and headaches. The treating physician has documented mild restriction of cervical range of motion, negative Spurling's sign and normal reflexes and muscle strength. The treating physician has not documented current sleep disturbance, results of sleep behavior modification attempts or any derived functional benefit from its previous use. The criteria noted above not having been met, the request for Ambien 10mg #30 is not medically necessary.

Cymbalta 30mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78-80; 43-44..

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for Chronic Pain Page(s): 13-16.

Decision rationale: CA MTUS Chronic Pain Treatment Guidelines, Antidepressants for Chronic Pain, pages 13-16, note that Cymbalta is "FDA-approved for anxiety, depression, diabetic neuropathy, and fibromyalgia. Used off-label for neuropathic pain and radiculopathy. Duloxetine is recommended as a first-line option for diabetic neuropathy. No high quality evidence is reported to support the use of duloxetine for lumbar radiculopathy." The injured worker has pain to the neck, upper back and bilateral shoulders as well as insomnia and headaches. The treating physician has documented mild restriction of cervical range of motion, negative Spurling's sign and normal reflexes and muscle strength. The treating physician has not documented the medical necessity for the use of this anti-depressant as an outlier to referenced guideline negative recommendations, nor failed trials of recommended anti-depressant medication. The criteria noted above not having been met, the request for Cymbalta 30mg #30 is not medically necessary.