

Case Number:	CM14-0063938		
Date Assigned:	07/11/2014	Date of Injury:	08/17/2004
Decision Date:	07/03/2015	UR Denial Date:	04/29/2014
Priority:	Standard	Application Received:	05/06/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: California, North Carolina
 Certification(s)/Specialty: Family Practice

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 now a 42 year old male with an industrial injury dated 08/17/2004. His diagnoses includes chronic neck pain, headaches, chronic right shoulder pain, mild traumatic brain injury, depression due to chronic pain and bilateral carpal tunnel syndrome with right carpal tunnel release. Prior treatments included acupuncture, carpal tunnel surgery, medications and psychiatric evaluation. He presents on 04/10/2014 stating his pain level without medications is 6-8/10 and with medication 4/10. He states he gets about 2 hours of pain relief with Ultracet which allows him to do yard work and work around the house. He also complains of difficulty sleeping which Ambien helps. Objective findings include full range of motion of the right shoulder but impingement maneuvers were markedly positive for both Neer's and Hawkins' signs. Tenderness was noted in the shoulder area. Treatment plan included diagnostics to include MRI, acupuncture, Ultracet (with an increase in dosage), muscle relaxant, anti-depressant and a medication for sleep.

IMR ISSUES, DECISIONS AND RATIONALES

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

Zoloft 50 mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti depressants for treatment of MDD (major depressive disorder).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines SSRIs Page(s): 107.

Decision rationale: CA MTUS states that SSRIs such as Zoloft are not recommended for chronic pain, but may have a role in treating secondary depression. In this case, the patient has been taking Zoloft since 2009. In the interim, there has been no psychological or psychiatric evaluation of the therapeutic benefit of Zoloft. The request has been previously non-certified and no new evidence has been submitted to support the current request. The request is deemed not medically necessary or appropriate.

Ultracet 37.5/325 mg #360: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opioids for chronic pain Page(s): 80, 93-94.

Decision rationale: CA MTUS Guidelines note that Ultracet is a combination of Tramadol (a synthetic opioid) and Acetaminophen. In this case, there is no evidence of significant pain relief or functional improvement with the Ultracet. Aberrant behavior or medication side effects are not addressed in the medical records submitted. The records show no quantifiable measures of pain reduction. In addition, the combination of SSRIs and Tramadol increases the risk of serotonin syndrome. Therefore, this request is deemed not medically necessary or appropriate at this time.

Ambien CR 12.5 mg #90: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain (Chronic) Insomnia treatment 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, insomnia.

Decision rationale: CA MTUS does not specifically address the use of Ambien. The ODG states that Ambien is indicated only for short-term use (2-6 weeks). In this case there is no evidence of trials of conservative measures regarding sleep hygiene in the medical records submitted. Ambien is a habit forming medication that can result in memory impairment and worsening depression. The chronic use of Ambien is not supported by the guidelines and as such is not medically necessary or appropriate.

Zanaflex 4 mg #180: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants Page(s): 64.

Decision rationale: Zanaflex is a muscle relaxant indicated for spasticity. Muscle relaxants are useful in treating acute exacerbations of low back pain. It is intended for short-term use with its optimal effects produced in the first 4 days. This patient has been prescribed Zanaflex continuously since 2012. It is not recommended for chronic, long-term use. In this case, there is no documented evidence of muscle spasm on physical exam. Due to the above noted considerations, the request for Zanaflex is not medically necessary or appropriate.