

Case Number:	CM14-0073991		
Date Assigned:	07/16/2014	Date of Injury:	12/19/1996
Decision Date:	04/21/2015	UR Denial Date:	04/22/2014
Priority:	Standard	Application Received:	05/21/2014

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: Texas, Florida, California

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 65-year-old female, with a reported date of injury of 12/19/1996. The diagnoses include cervical disc degeneration, cervical disc displacement, cervical spinal stenosis, cervical spondylosis, lumbar/lumbosacral disc degeneration, lumbosacral spondylosis, sacroiliitis, lumbar spine stenosis, and acquired spondylolisthesis. Treatments to date have included oral medications. The medical report dated 03/24/2014 indicates that the injured worker continued to have problems with her back, neck pain, and pain radiating into her right shoulder. She also had increased trouble with weakness in her hands. The physical examination showed a normal gait without limp, normal motor strength in all motor groups of the bilateral upper extremities, pain with cervical range of motion, and intact sensation in all bilateral upper extremity dermatomes. The treating physician requested Cymbalta 60mg for 90 days, Norco 10/325mg, an MRI of the cervical spine since her symptoms had worsened, Butrans patch 5mcg/hour for 90 days, and Ambien CR 12.5mg for 90 days.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI cervical spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-178, 182.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 12 Low Back Complaints Page(s): Primarily American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Page 303, regarding imaging.

Decision rationale: Although there is subjective information presented in regarding increasing pain, there are no accompanying physical signs. The sensory exam in fact for all upper extremity dermatomes was intact. The case would therefore not meet the MTUS-ACOEM criteria for cervical magnetic imaging, due to the lack of objective, unequivocal neurologic physical examination findings documenting either a new radiculopathy, or a significant change in a previously documented radiculopathy. The guide's state: Unequivocal objective findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging in patients who do not respond to treatment and who would consider surgery an option. When the neurologic examination is less clear, however, further physiologic evidence of nerve dysfunction should be obtained before ordering an imaging study. Indiscriminate imaging will result in false positive findings, such as disk bulges, that are not the source of painful symptoms and do not warrant surgery. The request is not medically necessary.

1 Prescription for Ambien CR 12.5mg 90 days: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines-Treatment for Workman's Compensation Zolpidem (Ambien).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, under Zolpidem.

Decision rationale: The MTUS is silent on the long term use of Zolpidem, also known as Ambien. The ODG, Pain section, under Zolpidem notes that is a prescription short-acting non-benzodiazepine hypnotic, which is approved for the short-term (usually two to six weeks) treatment of insomnia. In this claimant, the use is a chronic long term usage. The guides note that pain specialists rarely, if ever, recommend them for long-term use. They can be habit-forming, and they may impair function and memory more than opioid pain relievers. There is also concern that they may increase pain and depression over the long-term. (Feinberg, 2008). I was not able to find solid evidence in the guides to support long term 90 day usage. The medicine is not medically necessary.

1 Prescription for Butrans patch 5mcg/hr 90 days: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page(s): 27 of 127.

Decision rationale: The MTUS notes this medicine is recommended for treatment of opiate addiction. It is also recommended as an option for chronic pain, especially after detoxification in patients who have a history of opiate addiction. In this case, there is no information of opiate addiction, or it is being used post detoxification. The request does not meet MTUS criteria for the use of this special opiate medication, and it is not medically necessary.

Cymbalta 60mg 90 days: Upheld

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

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, under Antidepressants.

Decision rationale: The current California web-based MTUS collection was reviewed in addressing this request. The guidelines are silent in regards to this request. Therefore, in accordance with state regulation, other evidence-based or mainstream peer-reviewed guidelines will be examined. Regarding antidepressants to treat a major depressive disorder, the ODG notes: Recommended for initial treatment of presentations of Major Depressive Disorder (MDD) that are moderate, severe, or psychotic, unless electroconvulsive therapy is part of the treatment plan. Not recommended for mild symptoms. In this case, it is not clear what objective benefit has been achieved out of the antidepressant usage, how the activities of daily living have improved, and what other benefits have been. It is not clear if this claimant has a major depressive disorder as defined in DSM-IV. If used for pain, it is not clear what objective, functional benefit has been achieved. The request is not medically necessary.

Norco 10/325mg: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 Page(s): 88 of 127.

Decision rationale: In regards to the long term use of opiates, the MTUS poses several analytical questions such as has the diagnosis changed, what other medications is the patient taking, are they effective, producing side effects, what treatments have been attempted since the use of opioids, and what is the documentation of pain and functional improvement and compare to baseline. These are important issues, and they have not been addressed in this case. There especially is no documentation of functional improvement with the regimen. The request for long-term opiate usage is not medically necessary per MTUS guideline review.