

| | | | |
|-----------------------|--------------|------------------------------|------------|
| Case Number: | CM15-0000079 | | |
| Date Assigned: | 01/09/2015 | Date of Injury: | 05/01/2012 |
| Decision Date: | 03/06/2015 | UR Denial Date: | 12/05/2014 |
| Priority: | Standard | Application Received: | 01/01/2015 |

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

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 35 year old female who sustained an industrial injury on 3/31/2012 with a re-injury on 5/1/2012. She has reported neck pain and right shoulder pain. The diagnoses have included status post total disc arthroplasty cervical vertebrae 4-5, status post shoulder arthroscopy, headaches, stress and anxiety. Treatment to date has included total disc arthroplasty to cervical 4-5 on 6/24/2013 with complaints of residual head and neck pain, right shoulder arthroscopy on 10/2012, physical therapy and trigger point injections. Currently, the IW complains of persistent neck pain, headache and right shoulder pain. The plan of treatment included Norco 10/325 mg twice daily for breakthrough pain, Naprosyn 550 mg twice daily, Ambien 5 mg at bedtime and Orphenadrine 100 mg twice daily. On 12/5/2014 Utilization Review certified the Naprosyn and Colace and non-certified the Norco, Ambien and Orphenadrine noting the previous denial on 8/7/2014 and 8/29/2014 and the appeal being out of the required timeframe. The MTUS, ACOEM Guidelines, (or ODG) was cited. On 12/31/2014, the injured worker submitted an application for IMR for review of steroid injection, computed tomography scan with myelogram, Norco, Naprosyn and Ambien.

IMR ISSUES, DECISIONS AND RATIONALES

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

NORCO 10/325MG #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 Opioids section Weaning of Medications section Page(s): 74-95, 124.

Decision rationale: The MTUS Guidelines do not recommend the use of opioid pain medications, in general, for the management of chronic pain. There is guidance for the rare instance where opioids are needed in maintenance therapy, but the emphasis should remain on non-opioid pain medications and active therapy. Long-term use may be appropriate if the patient is showing measurable functional improvement and reduction in pain in the absence of non-compliance. Functional improvement is defined by either significant improvement in activities of daily living or a reduction in work restriction as measured during the history and physical exam. The injured worker has been utilizing Norco chronically. The medical reports do not indicate that the injured worker has significant pain reduction with objective functional improvement as a result of Norco use. Aberrant drug behavior has not been assessed as recommended by the MTUS Guidelines when prescribing opioids chronically. It is not recommended to discontinue opioid treatment abruptly, as weaning of medications is necessary to avoid withdrawal symptoms when opioids have been used chronically. This request however is not for a weaning treatment, but to continue treatment. The request for NORCO 10/325MG #60 is determined to not be medically necessary.

ORPHENADRINE 100MG #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 Muscle Relaxants (For Pain) section Page(s): 63-66.

Decision rationale: The MTUS Guidelines recommend the use of non-sedating muscle relaxants with caution as a second-line option for short term treatment of acute exacerbations in patients with chronic low back pain. Muscle relaxants may be effective in reducing pain and muscle tension, and increasing mobility. However, in most LBP cases, they show no benefit beyond NSAIDs in pain and overall improvement. Also there is no additional benefit shown in combination with NSAIDs. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. Sedation is the most commonly reported adverse effect of muscle relaxant medications. These drugs should be used with caution in patients driving motor vehicles or operating heavy machinery. Drugs with the most limited published evidence in terms of clinical effectiveness include chlorzoxazone, methocarbamol, dantrolene and baclofen. Chlorzoxazone works primarily in the spinal cord and the subcortical areas of the brain. The mechanism of action is unknown but the effect is thought to be due to general depression of the central nervous system. Advantages over other muscle relaxants include reduced sedation and less evidence for abuse. Side effects include drowsiness and dizziness.

AMBIEN 5MG #30: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Pain chapter, Insomnia section

Decision rationale: The MTUS Guidelines do not address the use of zolpidem. Per the Official Disability Guidelines, pharmacological agents should only be used for insomnia management after careful evaluation of potential causes of sleep disturbance. Failure of sleep disturbance to resolve in a 7 to 10 day period may indicate a psychiatric and/or medical illness. Primary insomnia is generally addressed pharmacologically whereas secondary insomnia may be treated with pharmacological and/or psychological measures. Zolpidem reduces sleep latency and is indicated for the short-term treatment (7-10 days) of insomnia with difficulty of sleep onset and/or sleep maintenance. Adults who use zolpidem have a greater than 3-fold increased risk for early death. Due to adverse effects, FDA now requires lower doses for zolpidem. The dose for women should be reduced from 10 mg to 5 mg for immediate release products and from 12.5 mg to 6.25 mg for extended release products. The medical records do not address the timeline of the insomnia or evaluation for the causes of the insomnia. The medical records do not indicate that non-pharmacological modalities such as cognitive behavioral therapy or addressing sleep hygiene practices prior to utilizing a pharmacological sleep aid. Medical necessity of this request has not been established within the recommendations of the MTUS Guidelines. The request for AMBIEN 5MG #30 is determined to not be medically necessary.