

Case Number:	CM15-0001315		
Date Assigned:	01/12/2015	Date of Injury:	09/29/2005
Decision Date:	04/07/2015	UR Denial Date:	12/12/2014
Priority:	Standard	Application Received:	01/05/2015

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: New York

Certification(s)/Specialty: Neurological Surgery

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 52-year-old female reported on 09/29/2005 a repetitive use injury from using her computer keyboard as an auto parts sales person. The QME of 8/2/07 notes in 2004 or 2005 she believes she received cortisone shots in her hands. She underwent surgical procedures for triggering thumbs. She received physical therapy and MRI scans. The QME records she was taking ambien, Vicodin, tramadol and ibuprofen. PMHX included chest wall trauma in 1987 where she sustained 6 rib fractures and a collapsed lung. Family history includes mother has dementia, sister multiple sclerosis and cancer. The QME of 11/18/09 chronicled escalating doses of narcotics from norco to oxycontin and referral to behavioral medicine on 12/18/08. In March of 09 chemodenervation with botulinum toxin for cervical dystonia was tried. In April 2009 medrol dosepak was tried. In September 09 brachial plexus block, suprascapular and stellate blocks were proposed for a diagnosis now of complex regional pain syndrome and reflex sympathetic dystrophy. Examination by the QME showed equivocal impingement tests bilaterally. No evidence of instability was seen. There was generalized left shoulder tenderness with pain at extremes of motion, more reduced on the left. According to a re-evaluation dated 08/20/2014, the injured worker complained of cervical pain with radiculitis, thoracic spine pain, right and left shoulder pain, right and left elbow, right and left thumb pain and lumbar pain with sciatica. According to the provider, when the injured worker was last seen in the office she had failed to respond favorably to a series of epidural steroid injections and surgery was recommended. She received trigger point injection in May and June 2014 with no improvement. Her medication regimen included Ambien, Opana, Oxymorphone, Lyrica, Wellbutrin, Trokendi XR, vitamin

supplements and topical analgesic patches. Examination of the lumbosacral spine revealed straight leg raise was positive in the supine and sitting position causing pain in the low back region with radiation to the buttocks. Range of motion was decreased. The injured worker complained of pain, especially at the extreme, with forward flexion, extension, right and left lateral bending. Motor strength was normal. There were no sensory abnormalities noted with sensation intact to light touch and sharp/dull sensation to pinprick in all dermatomes in the bilateral lower extremities. Diagnoses included cervical syndrome with radiculopathy, thoracic musculoligamentous sprain, right shoulder sprain, left shoulder sprain/adhesive capsulitis, right and left elbow sprain, status post right thumb surgical intervention, status post left thumb surgical intervention and lumbosacral syndrome with sciatica. The injured worker was temporarily totally disabled. According to the most recent progress report submitted for review and dated 12/29/2014, the injured worker complained of constant back, buttock and right leg pain for many months with incomplete response to medications. Objective findings included positive straight leg and weak right foot. Diagnoses included lumbar radiculopathy. The injured worker was to remain off work until 03/01/2015. The handwritten progress report was handwritten and partially illegible. On 12/12/2014, Utilization review modified Opana ER 40mg #180, Ambien CR 12.5mg #8, Ambien 10mg #60 and Opana IR 10mg #180 and non-certified Lumbar Epidural Steroid Injection to Right L4, L5, S1 and Lumbar Laminectomy and Discectomy. In regard to Opana, there had not been recent provided evidence of screening exams for misuse having been performed with a demonstrated low risk for misuse, with evidence that use resulted in a decrease in VAS pain scores and improved and measurable tolerance to specified activities (versus when medication was not being used), with ongoing urine drug screen and CURE reports to monitor for aberrancy; and reports of intolerance to oral agents. Guidelines cited included CA MTUS Chronic Pain Medical Treatment Guidelines pages 78, 124. In regard to Ambien, there was no evidence of a diagnosis of insomnia and there was no indication that standard sleep hygiene techniques have been tried and failed. The medication is only supported for short term use. Guidelines cited included the Official Disability Guidelines, Pain, Zolpidem (Ambien) was cited. In regard to the epidural steroid injection, there was no documentation noting documented pain and functional improvement, including at least 50% pain relief with associated reduction of medication use for six to eight weeks with the previous injections. CA MTUS Chronic Pain Medical Treatment Guidelines page 46 was cited. In regard to the Lumbar Laminectomy and Discectomy, there was no documentation noted of recent abnormal examination findings for this injured worker. CA MTUS ACOEM Guidelines Chapter 12 pages 305-301 were cited. The decision was appealed for an Independent Medical Review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Opana ER, 40mg #180: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Page(s): 78,124.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids-on-going management Page(s): 78.

Decision rationale: The California MTUS guidelines recommend the patient on opioids keep a pain diary. Documentation does not show this has happened. The guidelines suggest ongoing review of functional status. Documentation does not provide evidence this has happened. MTUS guidelines recommends the patient provide evidence of appropriate medication usage. The record does not provide this. Opana ER can cause life threatening or fatal respiratory depression. Documentation does not provide evidence the patient knows this. Thus the requested treatment: Opana ER, 40 mg # 180 is not medically necessary and appropriate.

Ambien CR 12.5mg #8: 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, 12th edition (web), Pain, 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) Medications chapter-Insomnia treatment.

Decision rationale: According to the ODG guidelines Zolpidem(ambien) is indicated for short term treatment of insomnia (7-10 days) The documentation indicates the patient has received prescriptions for years. Moreover, due to the 3 fold increase risk for early death the FDA recommended the dosage be halved. Documentation shows neither of these recommendations has been followed. Ambien has been described as having side effects of headache, daytime drowsiness, dizziness, confusion, abnormal thinking and bizarre behavior, sleep driving and other events of which the patient has no recollection. Documentation suggests the provider might take this information into account. The requested treatment: Ambien CR 12.5mg #8 is not medically necessary and appropriate.

Ambien 10mg #60: 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, 12th edition (web), pain 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) Medications chapter-insomnia treatment.

Decision rationale: According to the ODG guidelines Zolpidem (ambien) is indicated for short term treatment of insomnia (7-10 days) The documentation indicates the patient has received prescriptions for years. Moreover, due to the 3 fold increased risk for early death the FDA recommended the dosage be halved. Documentation shows neither of these recommendations has been followed. Ambien has been described as having side effects of headache, daytime drowsiness, dizziness, confusion, abnormal thinking and bizarre behavior, sleep driving and other events of which the patient has no recollection. Documentation suggests the provider might

take this information into account. The requested treatment: Ambien 10mg #60 is not medically necessary and appropriate.

Opana IR 10mg, #180: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Page(s): 79,124.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids-on-going management Page(s): 78.

Decision rationale: The California MTUS guidelines recommend the patient on opioids keep a pain diary. Documentation does not show this has happened. The guidelines suggest ongoing review of functional status. Documentation does not provide evidence this has happened. MTUS guidelines recommends the patient provide evidence of appropriate medication usage. The record does not provide this. Opana ER can cause life threatening or fatal respiratory depression. Documentation does not provide evidence the patient knows this. Thus the requested treatment: Opana IR 10mg, # 180 is not medically necessary and appropriate.

Lumbar Epidural injection to Right L4, L5, S1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Page(s): 46.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for the use of Epidural steroid injections Page(s): 46.

Decision rationale: According to the California MTUS guidelines, criteria for the use of epidural steroid injections: (5) No more than two nerve root levels should be injected. The requested treatment is for three (L4, L5, S1). The patient's documentation presents a complex history of pain in multiple parts of her body and the first criteria of the guidelines of a radiculopathy documented by physical examination and corroborated by imaging studies is not met. Thus the requested treatment: Lumbar epidural injection to right L4, L5, S1 is not medically necessary and appropriate.

Lumbar Laminectomy and Discectomy: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305-307.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305.

Decision rationale: The California MTUS guidelines note that surgical consultation is indicated in patients who have severe and disabling lower leg symptoms in a distribution consistent with abnormalities on imaging studies accompanied preferably with objective signs of neural

compromise. The documentation shows diffuse complaints which have not responded for the most part to surgical intervention. The requested treatment of lumbar laminectomy and discectomy is not accompanied by a location of which lamina and which disc. The requested treatment: lumbar laminectomy and discectomy is not medically necessary and appropriate.