

Case Number:	CM15-0007935		
Date Assigned:	01/26/2015	Date of Injury:	11/09/1998
Decision Date:	03/18/2015	UR Denial Date:	01/08/2015
Priority:	Standard	Application Received:	01/14/2015

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: Texas, Ohio, 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 applicant is a represented [REDACTED] beneficiary who has filed a claim for chronic neck pain reportedly associated with an industrial injury of November 9, 1998. In a Utilization Review Report dated January 8, 2015, the claims administrator failed to approve request for a multilevel cervical medial branch block. In separate Utilization Review Reports of the same date, January 8, 2015, the claims administrator failed to approve request for Ambien, Norco, and Prevacid. The claims administrator referenced an RFA form received on December 31, 2014 in its determination. The applicant's attorney subsequently appealed. In a progress note dated December 8, 2014, the applicant reported ongoing complaints of neck pain, 4-5/10. Low back pain complaints, 3-6/10, were also reported with some numbness about the right foot. Some radiation of neck pain to the right elbow was also appreciated. The applicant reported difficulty sleeping at night. It was suggested that this report represented a new patient evaluation. The applicant's medications included Cymbalta, Norco, Prevacid, and Ambien prior to the visit, it was acknowledged. The applicant had issues with fibromyalgia superimposed on issues associated with industrial injury. The applicant was not working, it was further noted. The applicant reported that pain was preventing him from sitting more than half an hour, walking more than one mile, interfering with his ability to sleep, and interfering with his ability to stand greater than half an hour continuously. The applicant stated that pain was limiting his ability to lift heavy weights. The applicant was quite obese, standing 5 feet 9 inches tall and weighing 249 pounds. Diminished range of motion about the cervical spine was evident on exam. The applicant was described as having had previous cervical fusion surgery. The attending provider

suggested continuing Cymbalta and Norco. Prevacid and Ambien were also prescribed. Multilevel dorsomedial branch blocks were sought. The gastrointestinal review of systems was notable for comments that the applicant explicitly denied any issues with heartburn and/or difficulty swallowing.

IMR ISSUES, DECISIONS AND RATIONALES

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

Dorsal medial branch diagnostic blocks on the right side of C3, C4 and C5: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 181.

Decision rationale: As noted in the MTUS Guideline in ACOEM Chapter 8, Table 8-8, page 181, diagnostic blocks such as the diagnostic medial branch blocks at issue, are deemed not recommended. It is further noted that there is, furthermore, considerable lack of diagnostic clarity present here. The applicant had complaints of neck pain radiating into the arm evident on the December 8, 2014 office visit on which the medial branch blocks in question were sought. The applicant was status post earlier cervical fusion surgery, strongly suggesting that the applicant's primary pain generator was, in fact, cervical radiculopathy as opposed to diskogenic or facetogenic low back pain for which diagnostic medial branch blocks could be considered. The request, thus, is not indicated both owing to (a) the considerable lack of diagnostic clarity present here and (b) the unfavorable ACOEM position on the article at issue. Therefore, the request is not medically necessary.

Ambien 10 mg #30 with 4 refills: 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), Ambien

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional Restoration Approach to Chronic Pain Management section Page(s): 7-8. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Food and Drug Administration (FDA), Ambien Medication Guide: "Ambien is indicated for the short-term treatment of insomnia characterized by difficulties with sleep initiation. Ambien has been shown to decrease latency for up to 35 days in controlled clinical studies."

Decision rationale: While the MTUS does not specifically address the topic of Ambien usage, pages 7 and 8 of the MTUS Chronic Pain Medical Treatment Guidelines stipulate that an attending provider employing a drug for a non-FDA labeled purpose has the responsibility to be well informed regarding usage of the same and should, furthermore, furnish compelling evidence to support such usage. The Food and Drug Administration (FDA) notes that Ambien is indicated in the short-term treatment of insomnia, for up to 35 days. Here, the request for a 30-tablet

supply of Ambien with four refills, thus, implies chronic, long-term, and/or daily usage. Such usage is, however, incompatible with the FDA label. The attending provider did not furnish any compelling applicant-specific rationale or medical evidence, which would support such usage. Therefore, the request was not medically necessary.

Norco 10/325 mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 91.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines When to Continue Opioids topic Page(s): 80.

Decision rationale: The attending provider's progress note of December 8, 2014 suggested that the applicant was using Norco prior to said office visit. As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of the same. Here, the applicant was off of work, it was acknowledged on December 8, 2014. The applicant's associated reports of difficulty activities of daily living as basic as lifting, walking, standing, sleeping, etc, coupled with his failure to return to work, did not make a compelling case for continuation of Norco. Therefore, the request was not medically necessary.

Prevacid 40 mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, GI Symptoms and Cardiovascular Risk Page(s): 78.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47, Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms, and Cardiovascular Risk topic Page(s): 69.

Decision rationale: While page 69 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that proton pump inhibitors such as Prevacid are indicated to combat issues with NSAID-induced dyspepsia, in this case, however, the applicant explicitly denied any issues with heartburn on the December 8, 2014 progress note on which Prevacid was endorsed, it was stated in the review of systems section of the report. While another section of the note stated that the applicant was using Prevacid for acid reflux, this was, however, contravened by the attending provider's subsequent statement that the applicant explicitly denied any issues with reflux or heartburn. The attending provider, furthermore, framed the request for Prevacid as a renewal request. The MTUS Guideline in ACOEM Chapter 3, page 47 stipulates that an attending provider should discuss the efficacy of medication for the particular condition for which it is being prescribed. Here, the attending provider did not clearly identify whether the applicant was having actual symptoms of reflux or not, nor did the attending provider indicate whether Prevacid was or was not effective for whatever usage being employed. Therefore, the request was not medically necessary.

Ambien CR 12.5 mg #10: 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), Ambien

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional Restoration Approach to Chronic Pain Management section Page(s): 7.

Decision rationale: While the MTUS does not specifically address the topic of Ambien usage, page 7 of the MTUS Chronic Pain Medical Treatment Guidelines does stipulate that an attending provider incorporate some discussion of applicant-specific variables such as other medications into his choice of pharmacotherapy. Here, the attending provider did not clearly state or identify why he was employing Ambien controlled release in conjunction with short-acting Ambien. Therefore, the request was not medically necessary.