

Case Number:	CM15-0100487		
Date Assigned:	06/02/2015	Date of Injury:	07/09/2002
Decision Date:	07/01/2015	UR Denial Date:	05/18/2015
Priority:	Standard	Application Received:	05/26/2015

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, Indiana, New York
Certification(s)/Specialty: Internal 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 60 year old male, who sustained an industrial injury on July 9, 2002, incurring back, knees, and wrist and elbow injuries. He was diagnosed with cervical radiculopathy, and lumbar radiculopathy. Treatment included physical therapy, anti-inflammatory drugs, transcutaneous electrical stimulation unit, pain medications, muscle relaxants, neuropathic medications, sleep aides, analgesic topical patches and work modifications. He underwent wrist surgery, elbow, and knee and spine surgeries. Currently, the injured worker complained of neck and low back pain radiating to the shoulders and legs. The treatment plan that was requested for authorization included transportation to and from doctor's office and prescriptions for Ambien and Baclofen.

IMR ISSUES, DECISIONS AND RATIONALES

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

Transportation to and from doctors office: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 9 Shoulder Complaints, Chapter 10 Elbow Disorders (Revised 2007), Chapter 11 Forearm, Wrist, and Hand Complaints, Chapter 12 Low Back Complaints, Chapter 13 Knee Complaints, Chapter 14 Ankle and Foot Complaints.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation http://www.aetna.com/cpb/medical/data/200_299/0218.html.

Decision rationale: Pursuant to the Aetna Clinical Policy Bulletin: Home Health Aides, transportation to and from doctor's office are not medically necessary. The MTUS and Official Disability Guidelines do not cover transportation to and from appointments. Aetna does not consider transportation to be medically necessary. See the attached link for additional details. In this case, the injured worker's working diagnoses are chronic pain syndrome; pain in joints shoulder region; pain in joint upper arm; post laminectomy pain syndrome; neck pain; cervical radiculopathy; lower back pain; lumbar/thoracic radiculopathy; spasm of muscle; anxiety; migraine; and insomnia. The earliest progress note in the medical record dated November 26, 2014 shows Ambien 10 mg was prescribed at that time. Additional medications include morphine sulfate IR 15 mg, fentanyl 75 mg to 48 hours, Lyrica, Imitrex, Valium was discontinued and baclofen was started. The documentation from a May 1, 2015 progress note shows the injured worker suffers with chronic pain in the neck and wrists. Pain is worse with prolonged walking. The documentation does not indicate the injured worker is wheelchair-bound. Objectively, range of motion of the cervical spine and lumbar spine is decreased. There is tenderness palpation over the paraspinal muscle groups. The provider's clinical rationale for transportation to and from the doctor's office is based on the province of chronic pain. The requesting physician states the injured worker will need assistance with transportation. Consequently, absent guideline recommendations for transportation to and from the provider's office and no clinical rationale in the medical record based on objective clinical findings, transportation to and from doctor's office are not medically necessary.

Ambien 10mg: 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), MedScape 2009 and PDR 2009.

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, Ambien.

Decision rationale: Pursuant to the Official Disability Guidelines, Ambien 10 mg is not medically necessary. Ambien (zolpidem) is a short acting non-benzodiazepine hypnotic recommended for short-term (7-10 days) treatment of insomnia. While sleeping pills, so-called minor tranquilizers, and anti-anxiety agents are commonly prescribed in chronic pain, pain specialists rarely recommend them for will use. They can be habit forming and may impair function and memory more than opiates. The dose for Ambien and women should be lowered from 10 mg to 5 mg for immediate release products and from 12.5 mg to 6.25 mg for extended-release products (Ambien CR). In this case, the injured worker's working diagnoses are chronic pain syndrome; pain in joints shoulder region; pain in joint upper arm; post laminectomy pain syndrome; neck pain; cervical radiculopathy; lower back pain; lumbar/thoracic radiculopathy;

spasm of muscle; anxiety; migraine; and insomnia. The earliest progress note in the medical record dated November 26, 2014 shows Ambien 10 mg was prescribed at that time. This is the earliest progress note in the medical record and not necessarily the start date for Ambien. Additional medications include morphine sulfate IR 15 mg, fentanyl 75 g to 48 hours, Lyrica, Imitrex, Valium was discontinued and baclofen was started. The documentation from a May 1, 2015 progress note shows the injured worker suffers with chronic pain in the neck and wrists. Pain is worse with prolonged walking. The documentation does not indicate the injured worker is wheelchair-bound. Objectively, range of motion of the cervical spine and lumbar spine is decreased. There is tenderness palpation over the paraspinal muscle groups. The documentation does not contain evidence of objective functional improvement with ongoing Ambien use. Ambien is recommended for short-term (7 to 10 days). Treating provider has continued Ambien in excess of six months. Additionally, there is no quantity or directions for use in the request. Consequently, absent clinical documentation with objective functional improvement of Ambien in excess of the recommended guidelines for short-term (7 to 10 days), Ambien 10 mg is not medically necessary.

Baclofen 10mg (2 refills remain): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines muscle relaxants (for pain) Page(s): 63. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Baclofen.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxers Page(s): 63-66. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Muscle relaxers.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Baclofen 10mg (2 refills remaining) is not medically necessary. Muscle relaxants are recommended as a second line option short-term (less than two weeks) of acute low back pain and for short-term treatment of acute exacerbations in patients with chronic low back pain. Efficacy appears to diminish over time and prolonged use may lead to dependence. In this case, the injured worker's working diagnoses are chronic pain syndrome; pain in joints shoulder region; pain in joint upper arm; post laminectomy pain syndrome; neck pain; cervical radiculopathy; lower back pain; lumbar/thoracic radiculopathy; spasm of muscle; anxiety; migraine; and insomnia. The earliest progress note in the medical record dated November 26, 2014 shows Ambien 10 mg was prescribed at that time. This is the earliest progress note in the medical record and not necessarily the start date for Ambien. Additional medications include morphine sulfate IR 15 mg, fentanyl 75 g to 48 hours, Lyrica, Imitrex, Valium was discontinued and baclofen was started. The documentation from a May 1, 2015 progress note shows the injured worker suffers with chronic pain in the neck and wrists. Pain is worse with prolonged walking. The documentation does not indicate the injured worker is wheelchair-bound. Objectively, range of motion of the cervical spine and lumbar spine is decreased. There is tenderness palpation over the paraspinal muscle groups. The documentation does not contain evidence of objective functional improvement with ongoing baclofen 10 mg. There was no documentation of an acute exacerbation of chronic low back pain. Additionally, baclofen is indicated for short-term (less than two weeks) treatment of acute low back pain or an

acute exacerbation of chronic low back pain. Baclofen has been prescribed in excess of five months (according to a start date of November 26, 2014). The treating provider exceeded the recommended guidelines for short-term use by continuing baclofen in excess of five months. Consequently, absent clinical documentation objective functional treatment of baclofen, clinical documentation of an acute exacerbation of chronic low back pain in excess of the recommended guidelines for short-term use (less than two weeks), Baclofen 10mg (2 refills remaining) is not medically necessary.