

Case Number:	CM15-0140191		
Date Assigned:	07/30/2015	Date of Injury:	02/16/2007
Decision Date:	09/24/2015	UR Denial Date:	07/06/2015
Priority:	Standard	Application Received:	07/20/2015

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: Physical Medicine & Rehabilitation

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 62-year-old male, who sustained an industrial injury on 2-16-07. He reported injuries to the neck, right shoulder, low back and bilateral wrists. The injured worker was diagnosed as having cervical sprain, cervical spinal cord syrinx, carpal tunnel syndrome, possible thoracic spinal cord syrinx extending to upper lumbar region, multi-level cervical degenerative disease with multi-level canal stenosis, right shoulder sprain, low testosterone from chronic opiate, posterior lumbar decompression, postoperative cervical left upper extremity radiculopathy with shoulder sprain, postoperative myelopathy, cerebral tonsillar inferior protrusion and spinal myelopathy with ataxia and imbalance. Treatment to date has included oral medications including Norco, Ambien and Clonazepam; Botox injections, median branch blocks, radiofrequency ablations, activity restrictions, massage therapy and physical therapy. Currently on 6-2-15, the injured worker complains of continued pain in right shoulder, upper back, neck and low back. He rates the pain as 1-4 out of 10, worsens with physical activity, and is improved with rest, medications and trigger points. He is not currently working. Physical exam performed on 6-2-15 revealed tenderness in right upper back, neck and lateral right cervical paravertebral muscles and supraspinatus and infraspinatus muscles on right shoulder girdle area with lumbosacral tender points and restricted range of cervical motion. The treatment plan included renewal of Zyrtec and Zolpidem, massage therapy and injection of Toradol and Lidocaine given on 6-2-15. A request for authorization was submitted for Zyrtec 10mg #90, Ambien 10mg #90, massage therapy and retrospective trigger point injections of Toradol and Lidocaine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Zyrtec: Overturned

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 Official Disability Guidelines (ODG) Pulmonary chapter, under Allergy Medications.

Decision rationale: The patient presents on 06/02/15 with right shoulder, upper back, and lower back pain. The patient's date of injury is 02/16/07. Patient is status post lumbar decompression on 01/24/12. The request is for Zyrtec (#90 per RFA). The RFA is dated 06/02/15. Physical examination dated 06/02/15 reveals tender circumscribed area in the right upper back, lateral right cervical paravertebral muscles, supraspinatus, and infraspinatus muscles. The provider also notes reduced neck range of motion, tenderness in the lumbosacral spine. The patient is currently prescribed Norco, Ambien, and Clonazepam. Patient is currently not working. Official Disability Guidelines, Pulmonary chapter, under Allergy Medications has the following: Recommend antihistamines for management of acute allergic reactions. Recommend newer antihistamines when sedation is a concern. First-generation antihistamines, like Diphenhydramine (Benadryl), for the treatment of acute allergic reactions can have adverse effects on the central nervous system and thereby complicate discharge planning from the emergency department (ED). Newer antihistamines are potentially safer, causing less sedation with similar efficacy. Diphenhydramine impairs psychomotor performance and cognitive function. Loratadine (Claritin) and desloratadine (Clarinex) are nonsedating but less efficacious than cetirizine (Zyrtec) or fexofenadine (Allegra). In regard to Zyrtec, the request is appropriate. Progress note dated 06/02/15 provides a rationale for the utilization of this medication, stating: "He has occupational asthma handled under a separate claim that has a significant allergic component. This medication helps control the allergic component. As an administrative convenience this is being combined with other treatment request on this particular injury." In this case, the provider is requesting the continuation of Zyrtec for this patient's occupationally incurred injury secondary to smoke inhalation. Given this patient's asthma, and guideline support for this class of medications, Zyrtec is an appropriate treatment. The request is medically necessary.

Ambien: 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 Official Disability Guidelines (ODG) Pain Chapter, Zolpidem (Ambien).

Decision rationale: The patient presents on 06/02/15 with right shoulder, upper back, and lower back pain. The patient's date of injury is 02/16/07. Patient is status post lumbar decompression on 01/24/12. The request is for Ambien (#90 per RFA). The RFA is dated 06/02/15. Physical examination dated 06/02/15 reveals tender circumscribed area in the right upper back, lateral right cervical paravertebral muscles, supraspinatus, and infraspinatus muscles. The provider also notes reduced neck range of motion, tenderness in the lumbosacral spine. The patient is currently prescribed Norco, Ambien, and Clonazepam. Patient is currently not working. Official Disability Guidelines, Pain Chapter, Zolpidem (Ambien) Section states: Zolpidem is a prescription short-acting non-benzodiazepine hypnotic, which is recommended for short-term 7-10 days treatment of insomnia. Proper sleep hygiene is critical to the individual with chronic pain and often is hard to obtain. Various medications may provide short-term benefit. While sleeping pills, so-called minor tranquilizers, and anti-anxiety agents are commonly prescribed in chronic pain, 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. In regard to the continuation of Ambien for this patient's insomnia, the requesting provider has exceeded guideline recommendations. While this patient presents with significant chronic pain and associated psychiatric complaints/insomnia, ODG does not support the use of this medication for longer than 7-10 days. The requested 90 tablets do not imply intent to utilize this medication short-term. Therefore, the request is not medically necessary.

Trigger point injections with Toradol and Lidocaine: 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 Criteria for the use of TPIs Page(s): 122.

Decision rationale: The patient presents on 06/02/15 with right shoulder, upper back, and lower back pain. The patient's date of injury is 02/16/07. Patient is status post lumbar decompression on 01/24/12. The request is for trigger point injections with Toradol and Lidocaine (retro per RFA). The RFA is dated 06/02/15. Physical examination dated 06/02/15 reveals tender circumscribed area in the right upper back, lateral right cervical paravertebral muscles, supraspinatus, and infraspinatus muscles. The provider also notes reduced neck range of motion, tenderness in the lumbosacral spine. The patient is currently prescribed Norco, Ambien, and Clonazepam. Patient is currently not working. ODG Pain chapter, under Trigger Point Injections, has the following: Recommended for myofascial pain syndrome as indicated below, with limited lasting value. The advantage appears to be in enabling patients to undergo remedial exercise therapy more quickly. The primary goal of trigger point therapy is the short-term relief of pain and tightness of the involved muscles in order to facilitate participation in an active rehabilitation program and restoration of functional capacity. TPIs are generally considered an adjunct rather than a primary form of treatment and should not be offered as either a primary or a sole treatment modality. Criteria for the use of TPIs: TPIs with a local anesthetic may be recommended for the treatment of myofascial pain syndrome when all of the following criteria are met: 1. Documentation of circumscribed trigger points with evidence upon palpation of a twitch response as well as referred pain; 2. Symptoms have persisted for more than three months. In regard to the request for trigger point injections, the patient does not meet guideline criteria. Progress report dated 06/02/15 does include exam findings of several tender trigger points with circumscribed spasms. However, there is no

discussion of positive twitch response or referred pain upon palpation. Without such findings, this patient does not meet ODG criteria for trigger point injections and the request cannot be substantiated. The request is not medically necessary.