

Case Number:	CM15-0141314		
Date Assigned:	07/31/2015	Date of Injury:	08/19/2010
Decision Date:	09/25/2015	UR Denial Date:	07/07/2015
Priority:	Standard	Application Received:	07/21/2015

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: Arizona, Michigan

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 59 year old male, who sustained an industrial injury on 8-19-2010. The mechanism of injury is unclear. The injured worker was diagnosed as having cervical pain and radiculitis, bilateral ulnar neuropathy, multi-level disc protrusion and herniation in the cervical spine, depression secondary to orthopedic condition, status post right shoulder. Treatment to date has included medications, magnetic resonance imaging of the cervical spine (12-8-2014), electrodiagnostic studies (12-16-2014), and ultrasound right elbow (12-16-2014), AME (12-30-2014). The request is for chiropractic evaluation and treatment for the cervical spine and right shoulder, Norco, Ambien, and Voltaren ointment. On 1-21-2015, he indicated he was having nausea with Cymbalta. He had continued neck pain with radiation into the right arm with numbness and tingling and difficulty with activities of daily living. He reported poor sleep secondary to pain. He is reported to have failed physical therapy. He reported Ambien to help with sleep. The treatment plan included: right ulnar groove steroid injection, Norco, Ambien, Cymbalta, continue home exercise program, and urine toxicology screening to check compliance. On 5-22-2015, he reported some nausea with Cymbalta. He reported continued neck pain with radiation to the right arm with numbness and tingling. He indicated difficulty with his activities of daily living. He also reported weakness with the right upper extremity. He indicated he was having increased difficulty with pain and dysfunction. The provider indicated he had failed conservative therapy with physical therapy, and medication management. Ambien is indicated to help him with sleep. He is continued on a home exercise program. The treatment plan included: chiropractic evaluation and treatment and continue: Norco, Ambien, and Voltaren ointment; continue home exercise program, and follow up in one month. His work status is not indicated.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic evaluation and treatment: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management, Chronic Pain Treatment Guidelines Manual therapy & manipulation.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 205, Chronic Pain Treatment Guidelines Manual therapy and manipulation, Chiropractic treatment Page(s): 30, 58-60. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain chapter, Shoulder, manipulation; Pain chapter, Neck, manipulation.

Decision rationale: The CA MTUS does make recommendations for manual therapy & manipulation for those patients with chronic pain if the pain is caused by musculoskeletal conditions. Manual Therapy is widely used in the treatment of musculoskeletal pain. The intended goal or effect of Manual Medicine is the achievement of positive symptomatic or objective measurable gains in functional improvement that facilitate progression in the patient's therapeutic exercise program and return to productive activities. Manipulation is manual therapy that moves a joint beyond the physiologic range-of-motion but not beyond the anatomic range-of-motion. Low back: Recommended as an option. The recommendations for therapeutic care are for a trial of 6 visits over 2 weeks, with evidence of objective functional improvement, for a total of up to 18 visits over 6-8 weeks. The recommendations for elective or maintenance care are states as not medically necessary. The recommendations for frequency in recurrences or flare-ups there would need to be re-evaluations of treatment success, if return to work is achieved then 1-2 visits every 4-6 months. It is not recommended for ankle & foot, carpal tunnel syndrome, forearm, wrist & hand or the knee. The treatment parameters indicate there is a time to produce effect within 4 to 6 treatments. The ACOEM states that chiropractic manipulation for the shoulder is highly dependent on the patient's previous successful experience with chiropractors. The ODG guidelines state in general, it would not be advisable to use this modality beyond 2-3 visits if signs of objective progress towards functional restoration are not demonstrated. A recent clinical trial concluded that manipulative therapy for the shoulder girdle in addition to usual medical care accelerates recovery of shoulder symptoms. A recent meta-analysis concluded that there is limited evidence which supports the efficacy of manual therapy in patients with a shoulder impingement syndrome. There is fair evidence for the treatment of a variety of common rotator cuff disorders, shoulder disorders, adhesive capsulitis, and soft tissue disorders using manual and manipulative therapy (MMT) to the shoulder, shoulder girdle, and/or the full kinetic chain combined with or without exercise and/or multimodal therapy. There is limited and insufficient evidence for MMT treatment of minor neurogenic shoulder pain and shoulder osteoarthritis, respectively. According to this systematic review, manipulation performed about the same as steroid injections for frozen shoulder. In this case, there is no indication of previous experience with chiropractic care. While chiropractic care may be warranted in this case, the prescription does not indicate a frequency or duration of the treatment requested, based on this reason alone medical necessity cannot be established. Therefore, the request for chiropractic evaluation and treatment is not medically necessary.

Norco 10/325mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Short-acting opioids, Hydrocodone/Acetaminophen, Opioids for chronic pain.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (2009), 9792.20; Functional restoration approach to chronic pain management; Hydrocodone; Opioids Page(s): 1, 8-9, 51, 74-95.

Decision rationale: Per the CA MTUS, Norco is a combination of Hydrocodone & Acetaminophen. Hydrocodone is considered a semi-synthetic opioid which is considered the most potent oral opioid that does not require special documentation in some states (not including California). The CA MTUS Chronic Pain Medical Treatment Guidelines state that Hydrocodone / Acetaminophen (Norco) is indicated for moderate to moderately severe pain. The guidelines note that there are no FDA-approved hydrocodone products for pain unless formulated as a combination. The guidelines state that the usual dose of 5/500mg is 1 or 2 tablets by mouth every four to six hours as needed for pain (Max 8 tablets/day). For higher doses of hydrocodone (>5mg/tab) and acetaminophen (>500mg/tab) the recommended dose is usually 1 tablet every four to six hours as needed for pain. The guidelines state that Hydrocodone has a recommended maximum dose of 60mg/24 hours and that the dose is limited by the dosage of acetaminophen, which should not exceed 4g/24 hours. The CA MTUS indicates the 4 A's for ongoing monitoring of opioids should be documented for analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors. The MTUS Chronic Pain Medical Treatment Guidelines indicates that management of opioid therapy should include ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. According to the CA MTUS all therapies must be focused on the goal of functional restoration rather than just the elimination of pain and assessment of treatment efficacy is accomplished by reporting functional improvement, with functional improvement being documented in reduction of pain, increased pain control, and improved quality of life. Functional improvement means either a clinically significant improvement in activities of daily living or a reduction in work restrictions as measured during the history and physical exam, performed and documented as part of the evaluation and management visit; and a reduction in the dependency on continued medical treatment. In this case, despite the use of Norco, he reported continued neck pain with radiation to the right arm with numbness and tingling. He indicated difficulty with his activities of daily living. He also reported weakness with the right upper extremity. He indicated he was having increased difficulty with pain and dysfunction. There was no discussion of his: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. There was also no discussion of a significant improvement in activities of daily living or a reduction in work restrictions, or a reduction in the dependency on continued medical treatment. There was no documentation of noted adverse side effects, and aberrant drug taking behaviors with the use of Norco. Without this information it is not possible to establish medical necessity. Therefore, the request for Norco 10/325mg #90 is not medically necessary.

Ambien 10mg #30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain Chapter, Ambien (Zolpidem).

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, Sedative hypnotics, Ambien (zolpidem tartrate).

Decision rationale: The CA MTUS does not specifically address Ambien or sedative hypnotics with the exception of benzodiazepines. Per the ODG guidelines, Ambien (Zolpidem tartrate) is a prescription for short acting non-benzodiazepine hypnotic, which is recommended for short term (7-10) day's 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. Ambien CR offers no significant clinical advantage over regular release zolpidem. Ambien CR is approved for chronic use, but chronic use of hypnotics in general is discouraged, as outlined in Insomnia treatment. Ambien CR causes a greater frequency of dizziness, drowsiness, and headache compared to immediate release zolpidem. Cognitive behavioral therapy (CBT) should be an important part of an insomnia treatment plan. A study of patients with persistent insomnia found that the addition of zolpidem immediate release to CBT was modestly beneficial during acute (first 6 weeks) therapy, but better long-term outcomes were achieved when zolpidem IR was discontinued and maintenance CBT continued. Due to adverse effects, FDA now requires lower doses for zolpidem. The dose of zolpidem for women should be lowered from 10 mg to 5 mg for IR products (Ambien, Edluar, Zolpimist, and generic) and from 12.5 mg to 6.25 mg for ER products (Ambien CR). The ER product is still more risky than IR. In laboratory studies, 15% of women and 3% of men who took a 10-milligram dose of Ambien had potentially dangerous concentrations of the drug in their blood eight hours later. Among those who took Ambien CR, the problem was more common: 33% of women and 25% of men had blood concentrations that would raise the risk of a motor vehicle accident eight hours later. Even at the lower dose of Ambien CR now recommended by the FDA, 15% of women and 5% of men still had high levels of the drug in their system in the morning. According to SAMHSA, zolpidem is linked to a sharp increase in ED visits, so it should be used safely for only a short period of time. According to the CA MTUS all therapies must be focused on the goal of functional restoration rather than just the elimination of pain and assessment of treatment efficacy is accomplished by reporting functional improvement, with functional improvement being documented in reduction of pain, increased pain control, and improved quality of life. Functional improvement means either a clinically significant improvement in activities of daily living or a reduction in work restrictions as measured during the history and physical exam, performed and documented as part of the evaluation and management visit,; and a reduction in the dependency on continued medical treatment. In this case, he has been utilizing Ambien for greater than 12 weeks. He indicated he was having increased pain. There is no discussion of current cognitive behavioral therapy. There is no discussion of significant improvement in activities of daily living or a quantifiable improvement in sleep latency, quality or duration. Therefore, the request for Ambien 10mg #30 is not medically necessary.

Voltaren ointment at ulnar groove tid: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Voltaren gel. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain Chapter, Voltaren Gel (Diclofenac).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Diclofenac (Voltaren), Topical analgesics Page(s): 111-113, 43. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain chapter, Topical analgesics, Voltaren gel (Diclofenac).

Decision rationale: Per the CA MTUS, Voltaren (Diclofenac) is a non-steroidal anti-inflammatory drug (NSAID). The CA MTUS guidelines states that topical analgesics are recommended as an option for osteoarthritis and tendinitis of the knee, ankle, elbow, foot, hand, and wrist, for short-term use (4-12 weeks) in those patients who are unable to tolerate oral NSAIDs. It is not recommended for osteoarthritis of the spine, hip or shoulder. It is unclear when the requested Voltaren gel was originally prescribed, and what body part it is to be applied. The efficacy in clinical trials for topical NSAIDs have been inconsistent and most studies are small and of short duration. Topical NSAIDs have been shown in meta-analysis to be superior to placebo during the first 2 weeks of treatment for osteoarthritis, but either not afterward, or with a diminishing effect over another 2-week period. When investigated specifically for osteoarthritis of the knee, topical NSAIDs have been shown to be superior to placebo for 4 to 12 weeks. In this study the effect appeared to diminish over time and it was stated that further research was required to determine if results were similar for all preparations. These medications may be useful for chronic musculoskeletal pain, but there are no long-term studies of their effectiveness or safety. Voltaren gel 1 percent (Diclofenac) is indicated for relief of osteoarthritis pain in joints that lend themselves to topical treatment (ankle, elbow, foot, hand, knee, and wrist). It has not been evaluated for treatment of the spine, hip or shoulder. Maximum dose should not exceed 32 g per day (8 g per joint per day in the upper extremity and 16 g per joint per day in the lower extremity). The most common adverse reactions were dermatitis and pruritus. Per the ODG guidelines, Voltaren gel (Diclofenac) is not recommended as a first-line treatment. Voltaren Gel is recommended for osteoarthritis after failure of an oral NSAID, or contraindications to oral NSAIDs, or for patients who cannot swallow solid oral dosage forms, and after considering the increased risk profile with Diclofenac, including topical formulations. According to FDA MedWatch, post-marketing surveillance of Voltaren Gel has reported cases of severe hepatic reactions, including liver necrosis, jaundice, fulminant hepatitis with and without jaundice, and liver failure. Some of these reported cases resulted in fatalities or liver transplantation. In this case, the prescription calls for application to the ulnar groove. He has been diagnosed with ulnar neuropathy. A review of the medical records that are available to me did not reveal that he had trialed and failed all other first line recommended oral medications. Therefore, the request for Voltaren ointment at ulnar groove three times daily is not medically necessary.