

| | | | |
|-----------------------|--------------|------------------------------|------------|
| Case Number: | CM15-0190230 | | |
| Date Assigned: | 10/02/2015 | Date of Injury: | 02/08/1997 |
| Decision Date: | 11/10/2015 | UR Denial Date: | 09/14/2015 |
| Priority: | Standard | Application Received: | 09/28/2015 |

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 is a 54 year old female who sustained an industrial injury on 2-8-1997. A review of the medical records indicates that the injured worker is undergoing treatment for lumbar post-laminectomy syndrome, internal derangement of the right shoulder and fibromyalgia. According to the progress report dated 7-30-2015, the injured worker reported being off all medications except Ambien and Flexeril. She was off Xanax and Suboxone. She reported increased nausea and vomiting, which she attributed to gastritis. She complained pain in the neck, both shoulders, low back, bilateral legs and left flank. She rated her pain as 8 to 10 out of 10 without medication. The physical exam (7-30-2015) revealed full range of motion of the neck. Compression sign was positive on the right only. Spasm was palpable in the superior trapezius, middle trapezius and rhomboid muscles. There was tenderness to palpation at the lateral aspect of the right scapular spine. Straight leg raise was positive on the right. Treatment has included radiofrequency ablation, home exercise program, trigger point injections and medications. The injured worker has been prescribed Flexeril and Ambien since at least 3-25-2015. The original Utilization Review (UR) (9-14-2015) denied requests for Diclofenac gel and Cyclobenzaprine. Utilization Review modified a request for Ambien from 15 tablets to 8 tablets.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Tube of Diclofenac 1% Gel With 1 Refill: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics.

Decision rationale: The claimant has a remote history of a work injury occurring in February 1997 while working as a flight attendant. She has a history of lumbar spine surgery and diagnoses include post laminectomy syndrome. In October 2014 she underwent repeat lumbar radiofrequency ablation procedure. When seen, physical examination findings included a body mass index over 27. There was full cervical spine range of motion with positive right-sided compression testing. She had pain with pressure over the right cervical facets. There was trapezius muscle tenderness with trapezius and rhomboid muscle spasms. She had right scapular tenderness. There was decreased left shoulder range of motion. Trigger points were present. There was pain with lumbar flexion and extension. Right straight leg raising was positive and there was decreased right lower extremity strength. Sacroiliac joint tests were positive. A trigger point injection was performed. The claimant reported a history of gastritis attributed to medication use. The report references having tried to further evaluate the claimant's sleep dysfunction and a sleep study had been requested. Reportedly, this had been denied due to the fact that she was taking Ambien and it was working well. Topical non-steroidal anti-inflammatory medication can be recommended for patients with chronic pain where the target tissue is located superficially in patients who either do not tolerate, or have relative contraindications, for oral non-steroidal anti-inflammatory medications. In this case, the claimant has intolerance of oral medications and has localized neck and back pain that appears amenable to topical treatment. Generic medication is available. This request for topical diclofenac is considered medically necessary.

Ambien 5 mg #15: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) (1) Chronic Pain, Zolpidem (2) Mental Illness & Stress, Insomnia (3) Mental Illness & Stress, Insomnia treatment.

Decision rationale: The claimant has a remote history of a work injury occurring in February 1997 while working as a flight attendant. She has a history of lumbar spine surgery and diagnoses include post laminectomy syndrome. In October 2014 she underwent repeat lumbar radiofrequency ablation procedure. When seen, physical examination findings included a body mass index over 27. There was full cervical spine range of motion with positive right-sided compression testing. She had pain with pressure over the right cervical facets. There was trapezius muscle tenderness with trapezius and rhomboid muscle spasms. She had right scapular tenderness. There was decreased left shoulder range of motion. Trigger points were present.

There was pain with lumbar flexion and extension. Right straight leg raising was positive and there was decreased right lower extremity strength. Sacroiliac joint tests were positive. A trigger point injection was performed. The claimant reported a history of gastritis attributed to medication use. The report references having tried to further evaluate the claimant's sleep dysfunction and a sleep study had been requested. Reportedly, this had been denied due to the fact that she was taking Ambien and it was working well. Ambien (zolpidem) is a prescription short-acting nonbenzodiazepine hypnotic, which is approved for the short-term (usually two to six weeks) treatment of insomnia and is rarely recommended for long-term use. It can be habit-forming, and may impair function and memory and may increase pain and depression over the long-term. Additionally, the treatment of insomnia should be based on the etiology and pharmacological agents should only be used after careful evaluation of potential causes of sleep disturbance. Primary insomnia is generally addressed pharmacologically. Secondary insomnia may be treated with pharmacological and/or psychological measures. In this case, the nature of the claimant's sleep disorder is not provided. Whether the claimant has primary or secondary insomnia has not been determined. Conditions such as medication or stimulant side effects, depression, anxiety, restless legs syndrome, obstructive sleep apnea, pain and cardiac and pulmonary conditions, if present, should be identified and could be treated directly. Although a sleep study had be requested and denied, if after evaluating for other causes the reason for her insomnia still is not determined, it should be reconsidered. Ongoing prescribing of Ambien is not considered medically necessary.

Cyclobenzaprine 10 mg #30, Refill #1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Cyclobenzaprine (Flexeril), Muscle relaxants (for pain).

Decision rationale: The claimant has a remote history of a work injury occurring in February 1997 while working as a flight attendant. She has a history of lumbar spine surgery and diagnoses include post laminectomy syndrome. In October 2014 she underwent repeat lumbar radiofrequency ablation procedure. When seen, physical examination findings included a body mass index over 27. There was full cervical spine range of motion with positive right-sided compression testing. She had pain with pressure over the right cervical facets. There was trapezius muscle tenderness with trapezius and rhomboid muscle spasms. She had right scapular tenderness. There was decreased left shoulder range of motion. Trigger points were present. There was pain with lumbar flexion and extension. Right straight leg raising was positive and there was decreased right lower extremity strength. Sacroiliac joint tests were positive. A trigger point injection was performed. The claimant reported a history of gastritis attributed to medication use. The report references having tried to further evaluate the claimant's sleep dysfunction and a sleep study had been requested. Reportedly, this had been denied due to the fact that she was taking Ambien and it was working well. Cyclobenzaprine is closely related to the tricyclic antidepressants. It is recommended as an option, using a short course of therapy and there are other preferred options when it is being prescribed for chronic pain. Although it is a second-line option for the treatment of acute exacerbations in patients with muscle spasms, short-term use only of 2-3 weeks is recommended. In this case, there was no acute exacerbation and the quantity being prescribed is consistent with ongoing long term use. It appears ineffective as the claimant has ongoing muscle spasms. Continued prescribing is not considered medically necessary.

