

Case Number:	CM15-0193384		
Date Assigned:	10/07/2015	Date of Injury:	09/18/2013
Decision Date:	12/11/2015	UR Denial Date:	09/15/2015
Priority:	Standard	Application Received:	10/01/2015

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: Emergency 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:

This is a 47 year old female with a date of injury on 9-18-13. A review of the medical records indicates that the injured worker is undergoing treatment for neck and bilateral shoulder pain. Hand written progress report dated 9-8-15 reports continued discomfort and decrease in activities of daily living. She also has complaints of lower back pain. Objective findings: positive spurlings, increased pain and stiffness with range of motion and increased spasm. Treatments include: medication, physical therapy, right shoulder surgery 7-15-15 (24 sessions of physical therapy post-op). According to the medical records she has been taking ambien at least since 4- 22-15 and Cymbalta since 5-12-15. Request for authorization was made for physical therapy continue 2 times per week for 6 weeks in treatment of the cervical spine quantity 12, physical therapy continue 2 times per week for 6 weeks in treatment of the bilateral shoulders quantity 12, Cymbalta 20 mg one twice per day quantity 60 and Ambien 10 mg one every evening quantity 30. Utilization review dated 9-15-15 non-certified the requests.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy, two times a week for six weeks (12 sessions) for the cervical spine:

Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck/Physical therapy (PT).

Decision rationale: The request is for physical therapy. The official disability guidelines state the following regarding this topic: ODG Physical Therapy Guidelines Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home PT. Also see other general guidelines that apply to all conditions under Physical Therapy in the ODG Preface, including assessment after a "six-visit clinical trial". Cervicalgia (neck pain); Cervical spondylosis (ICD9 723.1; 721.0): 9 visits over 8 weeks. Sprains and strains of neck (ICD9 847.0): 10 visits over 8 weeks. Displacement of cervical intervertebral disc (ICD9 722.0): Medical treatment: 10 visits over 8 weeks..Post-injection treatment: 1-2 visits over 1 week..Post-surgical treatment (discectomy/laminectomy): 16 visits over 8 weeks. Post-surgical treatment (fusion, after graft maturity): 24 visits over 16 weeks. Degeneration of cervical intervertebral disc (ICD9 722.4): 10-12 visits over 8 weeks; see 722.0 for post-surgical visits. Brachia neuritis or radiculitis NOS (ICD9 723.4): 12 visits over 10 weeks; see 722.0 for post-surgical visits. Post Laminectomy Syndrome (ICD9 722.8): 10 visits over 6 weeks. Fracture of vertebral column without spinal cord injury (ICD9 805): Medical treatment: 8 visits over 10 weeks. Post-surgical treatment: 34 visits over 16 weeks. Fracture of vertebral column with spinal cord injury (ICD9 806): Medical treatment: 8 visits over 10 weeks. Post-surgical treatment: 48 visits over 18 weeks. Work conditioning (See also Procedure Summary entry): 10 visits over 4 weeks. In this case the number of requested treatments is not supported by the guidelines. As stated, a six-visit clinical trial is indicated with continued therapy depending on the diagnosis. In this case, the patient has exceeded the number of treatments indicated. As such, the request is not medically necessary.

Physical Therapy, two times a week for six weeks (12 sessions) for the bilateral shoulders:
Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment 2009, Section(s): Shoulder.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder (Acute & Chronic)/Physical therapy.

Decision rationale: The request is for physical therapy of the shoulder. The Official Disability Guidelines state the following regarding this topic: ODG Physical Therapy Guidelines allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home PT. In this case, further passive physical therapy is not indicated. This is secondary to previous treatment without functional improvement seen. Also, the patient has exceeded the number of treatments advised. At home, active therapy is suggested. As such, the request is not medically necessary.

Cymbalta 20mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): SNRIs (serotonin noradrenaline reuptake inhibitors).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Antidepressants for chronic pain.

Decision rationale: The request is for the use of the medication Cymbalta which is in the category of a Selective serotonin and norepinephrine reuptake inhibitor. The MTUS guidelines state this drug is FDA-approved for anxiety, depression, diabetic neuropathy, and fibromyalgia. It has been used off-label for neuropathic pain and radiculopathy. Duloxetine is recommended as a first-line option for diabetic neuropathy. (Dworkin, 2007) No high quality evidence is reported to support the use of duloxetine for lumbar radiculopathy. In this case, there is inadequate documentation of a diagnosis which would qualify use of this medication. As such, the request is not medically necessary.

Ambien 10mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids for chronic pain.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental(stress)/ Zolpidem (Ambien).

Decision rationale: The request is for the use of zolpidem. The official disability guidelines state the following regarding the use of this medication: Not recommended for long-term use, but recommended for short-term use. See Insomnia treatment for zolpidem (brand names Ambien, Edluar, Intermezzo, Zolpimist). See also the Pain Chapter. Zolpidem is approved for the short-term (usually two to six weeks) treatment of insomnia. 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, and Ambien CR causes a greater frequency of dizziness, drowsiness, and headache compared to immediate release zolpidem. Due to adverse effects, FDA now requires lower doses for zolpidem. The ER product is still more risky than IR. 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. (Pain Chapter) Emergency department (ED) visits for adverse reactions related to zolpidem increased by almost 220% in a recent 5-year period, according to the Substance Abuse and Mental Health Services Administration (SAMHSA). Women and the elderly appear to be most prone to adverse reactions linked to zolpidem. Doctors should look at alternative strategies for treating insomnia such as sleep hygiene. By 2010 there were 64,175 ED visits involving zolpidem. The report stresses that zolpidem should be used safely for only a short period of time. (SAMHSA, 2013)

Zolpidem (Ambien) increases the ability to remember images, but only those that have negative or highly arousing content. The findings have potential ramifications for patients prescribed zolpidem for relief of insomnia due to anxiety disorders, including posttraumatic stress disorder (PTSD). Physicians should watch out for this countertherapeutic effect in patients with anxiety disorders and PTSD, because these are people who already have heightened memory for negative and high-arousal memories. The study also identified sleep spindles as the mechanism that enables the brain to consolidate emotional memory. Sleep spindles are brief bursts of brain activity that occur primarily during non-rapid eye movement (REM) sleep. (Kaestner, 2013)

New analysis from SAMHSA shows that overmedicating with zolpidem led to a near doubling of emergency department (ED) visits during the periods 2005-2006 and 2009-2010. (SAMHSA, 2014) In this case, zolpidem is not indicated. This is secondary to the prolonged duration of use. As such, the request is not medically necessary.