

Case Number:	CM15-0204540		
Date Assigned:	10/21/2015	Date of Injury:	07/06/2000
Decision Date:	12/29/2015	UR Denial Date:	10/06/2015
Priority:	Standard	Application Received:	10/19/2015

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: 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 45 year old female who sustained an industrial injury on 7-6-2000. A review of the medical records indicates that the worker is undergoing treatment for musculo-ligamentous strain-cervical spine and carpal tunnel syndrome-bilateral hands. Subjective complaints (9-25-15) include ongoing pain and spasm to the neck, pain and numbness to bilateral hands and intermittent pain and numbness running down bilateral upper extremities to the dorsal aspect of the bilateral hands and difficulty sleeping secondary to pain. Objective findings (9-25-15) include spasm of the posterior neck, complaint of pain with motion, point tenderness to palpation of the posterior neck, cervical spine range of motion in degrees: flexion 40, extension 30, lateral bend left and right 25, rotation left and right 60, able to make a complete fist, decreased sensation to all fingers of bilateral hands, and a positive Tinel's sign over the carpal tunnel and cubital tunnel is noted bilaterally. It is noted the 4A's were discussed (9-25-15). Work status was noted as full duty work. Previous treatment includes Talwin NX, Neurontin, Ambien, Flexeril, Protonix, (medications noted 3-26-15), and home exercise physical therapy program. On 10-6-15, the requested treatment of Ambien 10mg, Flexeril 10mg, Protonix 20mg, Ultram 50mg was non-certified and chiropractic treatment 2x4 (8 sessions) cervical spine was modified to an initial 6 sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ambien 10mg, bilateral carpal tunnel: 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), Pain Chapter, Ambien (Zolpidem tartrate).

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-- Insomnia Treatment.

Decision rationale: The CA MTUS guidelines are silent regarding the use of Ambien. However, according to the Official Disability Guidelines; Ambien (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 this case, the submitted medical records failed to provide documentation regarding sleep history including hours of sleep, sleep hygiene, and efficacy of prior medication use or a diagnosis that would support the use of a hypnotic (Ambien). Additionally, the guidelines recommend Ambien for short term (7-10 days) treatment of insomnia. There is documentation of ongoing treatment with Ambien and its continuation does not comply with the recommended guidelines. Therefore, based on Official Disability Guidelines and submitted medical records, the request for Ambien is not medically necessary.

Flexeril 10mg, bilateral carpal tunnel: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Muscle relaxants (for pain). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter --Muscle relaxants.

Decision rationale: According to the reviewed literature, Cyclobenzaprine (Flexeril) is not recommended for the long-term treatment of chronic pain. This medication has its greatest effect in the first four days of treatment. In addition, this medication is not recommended to be used for longer than 2-3 weeks. According to CA MTUS Guidelines, muscle relaxants are not considered any more effective than nonsteroidal anti-inflammatory medications alone. In this case, the available records are not clear if this injured worker has any functional improvement from prior Cyclobenzaprine use. Based on the currently available information and per review of guidelines, the medical necessity for this muscle relaxant medication has not been established. The requested treatment: Flexeril 10mg is not medically necessary.

Protonix 20mg, bilateral carpal tunnel: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs, GI symptoms & cardiovascular risk.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs, GI symptoms & cardiovascular risk. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter--Proton pump inhibitors (PPIs).

Decision rationale: According to the California MTUS (2009), proton pump inhibitor (PPI) is recommended for patients taking NSAIDs, with documented GI distress symptoms, or at risk for gastrointestinal events. GI risk factors include: age >65, history of peptic ulcer, GI bleeding, or perforation; concurrent use of aspirin, corticosteroids, and/or anticoagulants, or high dose/multiple NSAIDs. PPIs are highly effective for their approved indications, including preventing gastric ulcers induced by NSAIDs. There is no documentation of GI symptoms or any identifiable risk factors. The Requested Treatment: Protonix 20mg is not medically necessary or appropriate.

Ultram 50mg, bilateral carpal tunnel: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, California Controlled Substance Utilization Review and Evaluation System (CURES) [DWC], Opioids, criteria for use.

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

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines notes that ongoing management of opioid therapy should include the lowest possible dose prescribed to improve pain and function, and ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. The MTUS Guidelines define functional improvement as "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 and a reduction in the dependency on continued medical treatment." On-going management should include ongoing review and documentation of pain relief, functional status, appropriate medication use, side effects, and use of drug screening with issues of abuse, addiction, or poor pain control. Pain assessment should include current pain, the least reported pain over the period since last assessment, average pain, the intensity of pain after taking the opioid, how long it takes for pain relief and how long the pain relief lasts. Satisfactory response to treatment may be indicated by the injured worker's decreased pain, increased level of function, or improved quality of life. The guidelines note to continue opioids when the injured worker has returned to work, and if the injured worker has improved functioning and pain. Tramadol (Ultram) is a centrally acting synthetic opioid analgesic and it is not recommended as a first-line oral analgesic. The injured worker was noted to have been prescribed Tramadol without documentation of objective, measurable improvement

in the injured worker's pain, function, ability to perform specific activities of daily living (ADLs), or in his quality of life with use of the Tramadol. The documentation did not include a pain assessment that included the current pain, the least reported pain over the period since last assessment, average pain, and the intensity of pain after taking the Tramadol, how long it takes for pain relief, or how long the pain relief lasts. Based on the guidelines, the documentation provided did not support the requested treatment: Ultram 50 mg and is not medically necessary.

Chiropractic treatment 2 times a week for 4 weeks, neck: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Manual therapy & manipulation.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Manual therapy & manipulation.

Decision rationale: Per MTUS guidelines it is recommended for chronic pain if 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. The Medical Records are not clear about the functional benefit, this injured worker had from prior Chiropractic visits. The request for Chiropractic treatment 2 times a week for 4 weeks, neck is not medically necessary or appropriate.