MAXIMUS Federal Services

Case Number:	CM15-0020677		
Date Assigned:	02/10/2015	Date of Injury:	10/09/2006
Decision Date:	04/03/2015	UR Denial Date:	01/29/2015
Priority:	Standard	Application Received:	02/04/2015

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 44 you female sustained an industrial injury on 10/9/06, with subsequent ongoing neck pain. In a new patient consultation dated 12/8/14, the injured worker reported having increasing neck pain with daily headaches, numbness and tingling down bilateral upper extremities including the hands and gastrointestinal upset. Prior treatment included chiropractic therapy, medications, psychological care, cervical epidural steroid injections and cervical medial branch block. In a PR-2 dated 1/5/15, the injured worker complained of ongoing neck pain, bilateral shoulder pain and headaches. The injured worker reported that the medications were helping with pain levels but she still had trouble sleeping. Physical exam was remarkable for a flat affect, decreased cervical spine range of motion with flexion and extension, pain with cervical compression and tenderness over the upper trapezius region. Current diagnoses included neck pain, bilateral upper extremity pain, headaches, gastroesophageal reflux disease, depression and anxiety. On 1/27/15, Utilization Review noncertified a retrospective request for Zanaflex 4mg qty:60, Ambien 5mg qty:60 and Topamax 50mg qty:90 dispensed 01/05/15 and modified a request for Prilosec 20mg qty:60 dispensed 01/05/15 to Prilosec 20mg qty:30 citing CA MTUS Chronic Pain Medical Treatment Guidelines. As a result of the UR denial, an IMR was filed with the Division of Workers Comp.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective Zanaflex 4mg qty: 60.00 dispensed 01/05/15: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 64-66.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain), p63-66 Page(s): 63-66.

Decision rationale: The claimant is nearly 10 years status post work-related injury and continues to be treated for chronic radiating neck pain and headaches. Medications include Zanaflex being prescribed on a long-term basis. Zanaflex is a centrally acting alpha 2-adrenergic agonist that is FDA approved for the management of spasticity and prescribed off-label when used for low back pain. In this case, there is no identified new injury or acute exacerbation and muscle relaxants have been prescribed on a long-term basis. It is therefore not medically necessary.

Retrospective Ambien 5mg qty: 60.00 dispensed 01/05/15: 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).

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 is nearly 10 years status post work-related injury and continues to be treated for chronic radiating neck pain and headaches. Ambien 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. 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. In this case, the nature of the claimant's sleep disorder is not provided. There is no assessment of factors such as sleep onset, maintenance, quality, or next-day functioning. Whether the claimant has primary or secondary insomnia has not been determined. Therefore, Ambien CR was not medically necessary.

Retrospective Prilosec 20mg qty: 60.00 dispensed 01/05/15: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms and cardiovascular risk.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, specific drug list & adverse effects, p68-71 Page(s): 68-71.

Decision rationale: The claimant is nearly 10 years status post work-related injury and continues to be treated for chronic radiating neck pain and headaches. Guidelines recommend an assessment of GI symptoms and cardiovascular risk when NSAIDs are used. In this case, the claimant is not taking an oral NSAID. Therefore, the continued prescribing of Prilosec was not medically necessary.

Retrospective Topamax 50mg qty: 90.00 dispensed 01/05/15: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy drugs (AEDs) Page(s): 16-22.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy drugs (AEDs), p16-21 Page(s): 16-21. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Head (trauma, headaches, etc., not including stress & mental disorders), Botulinum toxin for chronic migraine.

Decision rationale: The claimant is nearly 10 years status post work-related injury and continues to be treated for chronic radiating neck pain and headaches. Anti-epilepsy drugs (also referred to as anti-convulsants) are recommended for neuropathic pain. Although Topamax (topiramate) has been shown to have variable efficacy, it is still considered for use for neuropathic pain. The claimant has chronic upper extremity neuropathic pain. It is considered as a first line treatment for chronic migraine headaches. The dose being prescribed is within recommended guidelines and therefore was medically necessary.