

Case Number:	CM15-0033544		
Date Assigned:	03/17/2015	Date of Injury:	10/29/2008
Decision Date:	04/17/2015	UR Denial Date:	02/10/2015
Priority:	Standard	Application Received:	02/23/2015

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: Virginia

Certification(s)/Specialty: Neurology

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 61 year old female, who sustained an industrial injury on 10/29/08. On 2/23/15, the injured worker submitted an application for IMR for review. The treating provider has reported the injured worker complained of right neck pain radiating to right shoulder. The injured worker reports increased panic attacks. The medications documented decrease pain, improve function, and lower Oswestry Disability Scores indicating less disability. The diagnoses have included upper and lower cervical facet joint pain; cervical facet joint arthropathy; cervical disc bulge; cervical sprain/strain; cervicogenic headaches; post-concussive headaches; post-concussive syndrome; mild traumatic brain injury with cognitive deficits; depression; anxiety; sleep disturbances due to traumatic brain injury and concussive syndrome. Treatment to date has included status post positive fluoroscopic guided diagnostic right C2-C3 and C3-C4 facet medical branch blocks (no date or report submitted); medications. A Utilization Review was completed on 2/10/15.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #120 with 2 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Section: Opioids Page(s): 74, 93-94.

Decision rationale: Chronic Pain Medical Treatment guidelines recommends opioids in the treatment of pain. The guidelines indicate four domains that have been proposed as the most relevant for ongoing monitoring of chronic pain for patients taking opioids. These domains are pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or nonadherent) drug related behaviors. These domains have been summarized as the 4 A's (Analgesia, activities of daily living, adverse side effects, and any aberrant drug-taking behaviors). The specific clinical monitoring of these outcomes over time should affect the therapeutic decisions and provide a framework for the documentation of the clinical use of these controlled substances. The injured worker is described with chronic pain. There is no documentation of a specific clinical course or treatment plan for the injured worker's pain relief. There is no documentation of other medications tried to date to treat the pain. There is no documentation of monitoring of any of the clinical domains recommended above to monitor the course of opioid management. Therefore, according to the guidelines and a review of the evidence, a request for Norco 10/325 mg #120 with 2 refills is not medically necessary.

Ambien 10mg #30 with 2 refills: Upheld

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

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, section Zolpidem.

Decision rationale: Official Disability Guidelines recommends the use of Ambien for a short course of treatment for pain-related insomnia. The injured worker's pain syndrome and related insomnia are chronic in nature, however. In the case of the injured worker, the clinical documentation does not provide any specific clinical objective evaluation of the sleep disturbance and the efficacy of the medication cannot be clinically established. There is no documentation in the medical records of the injured worker's response to the pain medications or the efficacy of the medications used to help him sleep. Therefore, according to the guidelines and a review of the evidence, a request for Ambien 10 mg tabs, #30 with 2 refills is not medically necessary.

Klonopin 0.5mg #35 with 2 refills: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American Psychiatric Association Treatment of Patients with Major Depressive Disorder Guidelines, pg, 20.

Decision rationale: The APA guidelines for depression cautiously state that Benzodiazepines may be used adjunctively in individuals with major depressive disorder and coexisting anxiety. The guidelines further states that the use of Benzodiazepines for treatment of chronic pain state that long term treatment with these medications is not recommended. The injured worker is being treated for chronic neck and right shoulder pain and carries concurrent diagnosis of anxiety and depression. There is no specific treatment plan for the management of the injured workers symptoms or his response to specific medical treatments documented in the medical records. Therefore, according to the guidelines and a review of the evidence, a request for Klonopin 0.5 mg tabs, #35 tabs with 2 refills is not medically necessary.

Tizanidine 2mg #120 with 2 refills: Upheld

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

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

Decision rationale: Chronic Pain Medical Treatment guidelines recommends non sedating muscle relaxants with caution as a second line for the short term treatment of acute exacerbations in patients with chronic low back pain. The guidelines state that in most patients with low back pain, they show no benefit beyond NSAIDs for pain and overall improvement. Their efficacy tends to diminish over time and their prolonged use of medications in this class may lead to dependence. Tizanidine is a centrally acting alpha2-adrenergic agonist that is FDA approved for the management of spasticity. In the case of the injured worker, there is documentation in the medical record of chronic neck and right shoulder pain. A review of the records indicates that within the documentation, there is no indication that the Tizanidine is being prescribed for a short term treatment of an acute exacerbation of the patient's pain. Therefore, according to the guidelines and a review of the evidence, a request for Tizanidine- 2 mg tabs #120 with 2 refills is not medically necessary.