

Case Number:	CM15-0043723		
Date Assigned:	03/13/2015	Date of Injury:	06/26/2001
Decision Date:	08/17/2015	UR Denial Date:	02/04/2015
Priority:	Standard	Application Received:	03/09/2015

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, Pulmonary Disease

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 59 year old male, who sustained an industrial injury on 06/26/2001. He has reported subsequent neck and left shoulder pain and was diagnosed with status post anterior cervical discectomy and fusion with ongoing neck and left shoulder pain, anxiety and depression. Treatment to date has included medication, application of heat and surgery. In a progress note dated 01/13/2015, the injured worker complained of severe neck pain that radiates into the left shoulder blade that was rated as 9/10. The pain was rated as 4/10 with medications and 10/10 without them. Objective findings were notable for very limited range of motion of the neck, neck pain with cervical compression, muscle spasm in the left cervical trapezius muscle to palpation and altered sensory loss to light touch and pinprick over the left lateral forearm by comparison to the right. Documentation shows that the injured worker had been prescribed Lidoderm patches, Clonazepam and Thermacare patches since at least 10/01/2014. There was no discussion of the injured worker's mental state or the status of sleep difficulties during this visit. A request for authorization of Lidoderm patches, Clonazepam, Ambien and Thermacare heat patches was submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidoderm patches 5% #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111 - 113.

Decision rationale: The patient is a 59 year old male with an injury on 06/26/2001. He had an anterior discectomy and fusion. He has neck pain. Left shoulder pain, anxiety and depression. He has a decreased cervical range of motion. The patient has muscle spasm but there is no clear documentation of neuropathic pain. Lidoderm is not medically necessary.

Clonazepam .5 #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepine Page(s): 24.

Decision rationale: The patient is a 59 year old male with an injury on 06/26/2001. He had an anterior discectomy and fusion. He has neck pain. left shoulder pain, anxiety and depression. He has a decreased cervical range of motion. Clonazepam is a benzodiazepine muscle relaxant. MTUS, chronic pain guidelines note that muscle relaxants decrease both mental and physical ability. Also, the addition of muscle relaxants to patients already treated with NSAIDS do not improve pain relief. Long term treatment with muscle relaxants is not consistent with MTUS guidelines and the requested medication is not medically necessary. Additionally, benzodiazepines are controlled substances with a high addiction risk. MTUS Chronic Pain guidelines specifically note on page 24 that benzodiazepines are not medically necessary.

Ambien 10mg #30: 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 Ambien, FDA approved package insert.

Decision rationale: The patient is a 59 year old male with an injury on 06/26/2001. He had an anterior discectomy and fusion. He has neck pain. Left shoulder pain, anxiety and depression. He has a decreased cervical range of motion. Long term use of Ambien is not FDA Approved. Also, there has been a recent change to the dosage since it has been noted that some patients taking the 10 mg dose (a higher per cent of woman but some men also have an increased blood level). Ambien 10 mg is not medically necessary.

Thermacare Heat Patches #60: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 173. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 9 Shoulder Complaints Page(s): 165 - 220.

Decision rationale: The patient is a 59 year old male with an injury on 06/26/2001. He had an anterior discectomy and fusion. He has neck pain. Left shoulder pain, anxiety and depression. He has a decreased cervical range of motion. There is no documentation that thermacare is superior to modality heat pad that can be placed by the patient. There is no documentation that this is standard treatment for an anterior discectomy; it is not medically necessary. There is no documentation that the use of this heat patch improves the long term functional outcome of the patient's condition. It is not an ACOEM recommended treatment.