

Case Number:	CM15-0049185		
Date Assigned:	03/23/2015	Date of Injury:	12/30/2010
Decision Date:	05/01/2015	UR Denial Date:	02/26/2015
Priority:	Standard	Application Received:	03/16/2015

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: Physical Medicine & Rehabilitation

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 49 year old female, who sustained an industrial injury on 01/30/2010. On provider visit dated 02/18/2015 the injured worker has reported neck pain that radiates into both upper extremities. She has not taking any medication to control symptoms. The diagnoses have included right upper extremity neuropathy pain, probable complex regional syndrome/reflex sympathetic dystrophy, cervical spine sprain/strain with evidence of C4-C5, C5-C6 and C6-C7 disc bulge and abnormal somatosensory potential possible related to medical cord brachial plexopathy. On examination she was note to have bilateral cervical paraspinous tenderness and palpable muscle spasm. Right hand was noted to reveal evidence of hyperhidrosis and swelling and skin discoloration of the right hand was noted. Treatment to date has included medication, physical therapy, electromyogram, psychological evaluation, stellate ganglion block on 01/04/2012 and MRI of the spine. The provider requested Norco, Mobic and Ambien to restart injured worker on medication regimen.

IMR ISSUES, DECISIONS AND RATIONALES

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

Mobic 15mg #30: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines non-steroidal anti-inflammatory drugs (NSAIDs) Page(s): 67-68, 72.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CRITERIA FOR USE OF OPIOIDS Page(s): 76-78.

Decision rationale: The patient presents with severe flare-up of her symptoms. She complains of neck pain radiating to the bilateral upper extremities with numbness, tingling, and weakness in the right arm. The physician is requesting MOBIC 15 MG, QUANTITY #30. The RFA was not made available for review. The patient's date of injury is from 12/30/2010 and her current work status was not made available. The MTUS Guidelines page 76 to 78 under criteria for initiating opioids recommend that reasonable alternatives have been tried, considering the patient's likelihood of improvement, likelihood of abuse, etc. MTUS goes on to states that baseline pain and functional assessment should be provided. Once the criteria have been met, a new course of opioids may be tried at this time. The records do not show a history of Mobic use. The 02/18/2015 report shows that the patient recently discontinued all of her medications. Unfortunately, she is now experiencing a severe flare-up of her symptoms. She complains of severe neck pain that radiates into both upper extremities, right greater than left. She notes increasing numbness, tingling, and weakness in her right arm. The patient also complains of posterior occipital headaches and neck pain that radiates into the upper thoracic region. She continues to have symptoms of anxiety and irritability. Examination shows 2+ palpable muscle spasm in the cervical spine. The right hand and forearm reveals evidence of hyperhidrosis. There is swelling of the right hand. The right hand appears red and mottled as compared to the left hand. There is decreased sensation to pinprick over the right 4th and 5th digits as well as over the palmar aspect of the right hand. There is decreased sensation in the ulnar aspect of the right forearm. In this case, given the patient's current significant symptoms, the trial of Mobic is supported by the guidelines. The request IS 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) Pain Chapter (updated 02/23/15).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official disability guidelines Mental illness and stress chapter, Zolpidem.

Decision rationale: The patient presents with severe flare-up of her symptoms. She presents with neck pain radiating to the bilateral upper extremities with numbness, tingling, and weakness in the right arm. The physician is requesting AMBIEN 10 MG, QUANTITY #30. The RFA was not made available for review. The patient's date of injury is from 12/30/2010 and her current work status was not made available. The MTUS and ACOEM Guidelines are silent with regards to this request. However, ODG Guidelines under the Mental Illness and Stress Chapter on zolpidem states "Zolpidem is indicated for the short-term treatment of insomnia with difficulty of sleep onset 7-10 days. Ambien CR is indicated for treatment of insomnia with difficulty of sleep

onset and/or sleep maintenance. Longer-term studies have found Ambien CR to be effective for up to 24 weeks in adults." The records show that the patient was prescribed Ambien on 02/26/2014. The 02/18/2015 report shows that the patient complains of severe neck pain that radiates into both upper extremities, right greater than the left. The patient is complaining of severe difficulty with insomnia despite practicing good sleep hygiene. While the physician states that the patient is not utilizing any medications recently, the requested quantity for Ambien exceeds the ODG Guidelines. The request IS NOT medically necessary.

Norco 10/325mg #60: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opioids Page(s): 91, 78-80, 124.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CRITERIA FOR USE OF OPIOIDS Page(s): 76-78, 88-90.

Decision rationale: The patient presents with severe flare-up of her symptoms. She presents with neck pain radiating to the bilateral upper extremities with numbness, tingling, and weakness in the right arm. The physician is requesting NORCO 10/325 MG, QUANTITY #60. The RFA was not made available for review. The patient's date of injury is from 12/30/2010 and her current work status was not made available. For chronic opiate use, the MTUS guidelines page 88 and 89 on criteria for use of opioids states, "pain should be assessed at each visit, and functioning should be measured at six-month intervals using a numerical scale or validated instrument." MTUS page 78 On-Going Management also require documentation of the 4A's including analgesia, ADLs, adverse side effects, and aberrant drug seeking behavior, as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medications to work, and duration of pain relief. The MTUS page 90 notes that a maximum dose for Hydrocodone is 60mg/day. The records show that the patient was prescribed Norco on 02/26/2014. The patient last utilized Norco on August 2014. On the visual analog scale, the patient currently rates her pain without medication 10/10 and 5/10 with medication use. She notes up to 20% to 50% improvement in pain with her current medication regimen. She notes improvement in function including her ability to participate in activities of daily living including light household activities, self care, and cooking. Without medication, she has very limited function in her right upper extremity. No side effects were reported. The patient has shown compliance with medication usage through urine drug screening. She shows no evidence of drug-seeking behavior. The patient has signed an opiate agreement and has abided by its requirements. The urine drug screen dated 08/13/2014 showed consistent results. In this case, the physician has documented the 4As for continued opiate use. The current request IS medically necessary.