

Case Number:	CM15-0050924		
Date Assigned:	03/24/2015	Date of Injury:	05/07/2008
Decision Date:	05/11/2015	UR Denial Date:	02/18/2015
Priority:	Standard	Application Received:	03/17/2015

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 52-year-old female who reported an injury on 05/07/ 2008. The mechanism of injury was not provided. Prior treatments included back brace, that helped, and a home exercise program, trigger point injections to the lumbar paraspinal muscles that caused excessive sweating and gave a bad headache. The injured worker had a right shoulder supraspinatus bursa injection with steroid on 09/16/2009, and a repeat right shoulder injection with steroid on 03/16/2011. The injured worker had taken Tylenol and ibuprofen which were irritating the stomach and caused constipation, Celebrex helped in the past for flare-ups, Valium helps muscle pain and spasms, and Lidoderm patches did not help relieve the pain. The injured worker also takes Norco and Ambien. Her surgical history included bilateral hemilaminectomy of the lower L4 and superior part of L5, decompression of the cauda equina, followed by a discectomy of the L4-5 on the right on 01/06/2012, and arthroscopic rotator cuff repair, subacromial decompression and debridement of calcified mass in the right supraspinatus tendon on 06/23/2013. Diagnostic studies included an EMG/NCS of the upper extremities on 03/29/2011, which noted right ulnar neuropathy at the elbow. An MRI of the lumbar spine on 08/28/2013, noted compression of the superior aspect of L4 and L5, and impingement around the thecal sac at L4-5, from previous surgery, mild disc bulging at L2-3, L3-4, and L4-5. An x-ray of the lumbar spine on 08/12/2014, documented disc narrowing at L2-3 and L4-5 levels. On 02/05/2015, the injured worker had a flare-up of the neck, which she rated 9/10 in severity. She described the pain as tightness associated with vibration type of pain in the right occipital region that was radiating to the lower cervical region on the right side. On physical exam, the injured

worker was depressed and anxious. There were spasms noted in the cervical paraspinal muscles and right shoulder region musculature. There was tenderness in the cervical facet joints. Cervical spine forward flexion was 50 degrees, with extension 40 degrees which was associated with increased pain. Right sided bending and side rotation had increased pain. The injured worker returned to modified work duty until 03/31/2015, with limitations or restrictions. Her diagnoses include lumbar radiculopathy, sacroiliitis, lumbar facet pain, low back pain, neck pain, and right knee pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Zolpidem 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 (updated 2/10/15), Zolpidem (Ambien).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Zolpidem.

Decision rationale: The injured worker's request for Zolpidem 10 mg #30 is not supported. The injured worker has a history of back, neck, and right knee pain. The Official Disability Guidelines indicate zolpidem is recommended for short term treatment of insomnia. Most tranquilizers and anti-anxiety agents are commonly prescribed in chronic pain. Pain specialists rarely, if ever, recommend them for long term use. It is unclear how long injured worker has been on zolpidem. It is only recommended for short term use. Although the injured worker is receiving zolpidem, she continues to have neck, back, and right knee pain. As such, the request for zolpidem 10 mg #30 is not medically necessary.

Celebrex 100mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 67, 68 and 70.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 67-68, 70.

Decision rationale: The request for Celebrex 100 mg #60 is not supported. The injured worker has a history of back, neck, and right knee pain. The California MTUS Guidelines recommend Celebrex for moderate to severe pain. Although the injured worker complains of pain and reports improvement with Celebrex in the past, there is lack of documentation of measurable functional improvement with the use of Celebrex. The request is not medically necessary.

Lidoderm Patch 5% #30 with 3 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111 and 112.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 111, 112.

Decision rationale: As for Lidoderm patch 5% #30 with 3 refills, is not supported. The injured worker has a history of back, neck, and right knee pain. The California MTUS Guidelines indicate topical lidocaine is recommended for localized peripheral neuro pain after there has been evidence of a trial of first line therapy. The topical lidocaine in the form of a dermatome patch has been designated for orphan status by the FDA for neuropathic pain. It is also off label for diabetic pain. It is also used off label for diabetic neuropathy. It is unclear if a failed first line therapy was used, a diagnosis of postherpetic neuralgia, and measurable functional improvement from the medication in the past. There was a lack of documentation as to the body part the patch is to be used. There was a lack of documentation as to the frequency of patch use. As such, the request for Lidoderm patch 5% #30 with 3 refills is not medically necessary.

X-ray cervical spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-179.

Decision rationale: The request for x-ray of the cervical spine is not supported. The injured worker has a history of back, neck and right knee pain. The CA MTUS/ACOEM Guidelines state cervical radiographs are most appropriate for patients with acute trauma associated with mid line vertebral tenderness, head injury, drug or alcohol intoxication, or neurological compromise. There is lack of documentation of acute trauma associated with mid line vertebral tenderness, head injury, drug or alcohol intoxication, or neurological compromise. There is lack of documentation of clear suspicion of significant structural pathology. The request for x-ray of the cervical spine is not medically necessary.