

Case Number:	CM15-0052090		
Date Assigned:	03/25/2015	Date of Injury:	09/23/2010
Decision Date:	05/12/2015	UR Denial Date:	02/20/2015
Priority:	Standard	Application Received:	03/19/2015

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 57-year-old female who reported an injury on 09/23/2010. The mechanism of injury was not specifically stated. The current diagnoses include cervicgia and right shoulder joint pain. The injured worker presented on 03/23/2015 for a follow up evaluation with complaints of persistent neck and shoulder pain. The injured worker was status post cervical epidural steroid injection on 03/11/2015. The injured worker reported 4/10 pain following the injection and 7/10 pain prior to the injection. In addition the injured worker had been previously treated with an initial cervical epidural injection on 10/21/2014 with greater than 50% pain relief. The injured worker continues to benefit from the use of Norco. In addition, the injured worker utilizes Zanaflex, Valium, and Ambien. Previous conservative treatment also includes acupuncture. Upon examination there was a nonantalic gait, decreased range of motion of the lumbar spine, positive facet loading maneuver, decreased range of motion of the right shoulder, positive crepitus, and a decrease in tenderness with regard to the right shoulder. Upon examination of the cervical spine there was tenderness to palpation and pain with flexion and extension. Recommendations at that time included continuation of the current medication regimen. A Request for Authorization was then submitted on 03/12/2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Zanaflex 2mg, thirty count with three refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 65 - 66.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 63-66.

Decision rationale: California MTUS Guidelines state that muscle relaxants are recommended as non-sedating second line options for short term treatment of acute exacerbations. Efficacy appears to diminish over time and prolonged use may lead to dependence. In this case, it is noted that the injured worker has continuously utilized the above medication since at least 11/2014. There was no documentation of palpable muscle spasm or spasticity upon examination. The medical necessity for the ongoing use of this medication has not been established. There is also no frequency listed in the request. As such, the request is not medically appropriate.

Norco 10/325 mg, 180 count: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 91.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-82.

Decision rationale: California MTUS Guidelines state a therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should occur. In this case it is noted that the injured worker has continuously utilized the above medication since at least 11/2014. There is no documentation of objective functional improvement. There is no documentation of a written consent or agreement for chronic use of an opioid. There is also no frequency listed in the request. As such, the request is not medically appropriate.

Valium 5 mg, sixty count with three refills: Upheld

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

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

Decision rationale: California MTUS Guidelines state that benzodiazepines are not recommended for long term use because long term efficacy is unproven and there is a risk of dependence. The injured worker does not maintain a diagnosis of anxiety disorder. The medical necessity for the requested medication has not been established. Guidelines would not support 3 refills of Valium

5 mg, as long term use of benzodiazepines is not recommended. There is also no frequency listed in the request. As such, the request is not medically appropriate.

Ambien 10 mg, thirty count with three refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 24, 124. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter.

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

Decision rationale: The Official Disability Guidelines recommend insomnia treatment based on ideology. Ambien is indicated for the short term treatment of insomnia with difficulty of sleep onset for 7-10 days. The injured worker has utilized the above medication since at least 11/2014. Guidelines would not support long term use of hypnotics. In addition, there is no evidence of a failure of non-pharmacologic treatment for insomnia prior to the initiation of a prescription product. There is also no frequency listed within the request. As such, the request is not medically appropriate.