MAXIMUS Federal Services

Case Number:	CM15-0062371		
Date Assigned:	04/20/2015	Date of Injury:	10/06/1998
Decision Date:	07/22/2015	UR Denial Date:	03/09/2015
Priority:	Standard	Application Received:	04/01/2015

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

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 63 year old female who sustained an industrial injury on 10/6/1998. Her diagnoses, and/or impressions, include: syringomyelia with cervical dystonia flexion; cervical dystonia; headaches; bilateral moderate carpal tunnel syndrome; bilateral, left > right, epicondylitis; syringoperitoneal shunt; medial meniscus tear, left knee and status-post surgery on 12/23/2008; and fatigue. No current magnetic resonance imaging studies are noted. Electromyogram and nerve conduction studies were stated to have been done. Her treatments have included carpal tunnel splints; physical therapy; use of cane for balance; neurosurgery consultation; epidural steroid injection therapy; modified work restrictions; and medication management. The progress notes of 10/1/2014, noted complaints of constant right knee and shoulder pain; increased vertigo with multiple near syncope; acute episodes of disequilibrium and blurred vision with the feeling of falling; increased fatigue; increased arm and right shoulder numbness and tingling with noted left atrophy, severe, and decreased sensation; increased right knee and hip pain; headache with occipital pressure and right-sided fascial swelling and increased cough; tingling spinal pain with low back pain that travels to the left hip/leg; left foot drop with pain and weakness causing a fall; cervical spine pain with nocturnal neck and calf cramping - interrupting sleep; and increased abdominal pain being worked-up for gallbladder. The physician's requests for treatments were noted to include Zolpidem for osteoarthritis; Provigil; Fioricet for headaches; Ultram for headaches; Botox for cervical dystonia; Epidural to treat cervical dystonia; Bally's gym membership to address obesity; Klonopin and Chondroitin/Glucosamine for the right shoulder and right knee pain; orthopedic bed for the right

shoulder and knee pain; home cleaning help due to right shoulder and knee pain, and an ergonomic chair and work station because of the right shoulder and 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), Insomnia Treatment.

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-Insomnia.

Decision rationale: This prescription for Ambien (Zolpidem) is evaluated in light of the Official Disability Guidelines (ODG) recommendations. Ambien (Zolpidem) is a prescription short-acting non-benzodiazepine hypnotic, which is indicated for the short-term treatment of insomnia with difficulty of sleep onset (7-10 days). Proper sleep hygiene is critical to the individual with chronic pain and often is hard to obtain. Ambien can be habit-forming, and may impair function and memory more than opioid analgesics. There is also concern that Ambien may increase pain and depression over the long-term. The treatment of insomnia should be based on the etiology, and pharmacological agents should only be used after careful evaluation of potential causes of sleep disturbance. In this case, the injured worker has chronic pain, and the submitted documentation does no indicate that Ambien has helped this injured worker. The requested medication is not medically necessary.

Provigil: 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), Modafinil (Provigil) and http://www.drugs.com/pro/provigil.html.

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 -- Modafinil (Provigil).

Decision rationale: This prescription for Provigil is evaluated in light of the Official Disability Guidelines (ODG) recommendations. Per ODG Provigil is Not recommended solely to counteract sedation effects of narcotics until after first considering reducing excessive narcotic prescribing. Use with caution as indicated below. Indications: Provigil is indicated to improve wakefulness in adult patients with excessive sleepiness associated with narcolepsy, obstructive sleep apnea, and shift work sleep disorder. Patients should have a complete evaluation with a diagnosis made in accordance with the International Classification of Sleep Disorders or DSM diagnostic classification. Adverse effects: This drug has been known to be misused and/or

abused, particularly by patients that have a history of drug or stimulant abuse. Common adverse effects include headache, nausea, nervousness, rhinitis, diarrhea, back pain, anxiety, insomnia, dizziness, and dyspepsia. Prescribers using Provigil for sedation effects of opiate should consider reducing the dose of opiates before adding stimulants. The submitted Medical records of this injured worker do not indicate that reducing the dose of opiates has been attempted before using Provigil. Of note request does not specify strength, frequency and quantity. The Requested Treatment Provigil is not medically necessary and appropriate.

Fioricet: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines BCAs. Decision based on Non-MTUS Citation http://www.drugs.com/pro/fioricet.html.

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-Barbiturate-containing analgesic agents (BCAs).

Decision rationale: This prescription for Fioricet is evaluated in light of the Official Disability Guidelines (ODG) recommendations. Per ODG: Not recommended for chronic pain. The potential for drug dependence is high and no evidence exists to show a clinically important enhancement of analgesic efficacy of BCAs due to the barbiturate constituents. (McLean, 2000) Fioricet is commonly used for acute headache, with some data to support it, but there is a risk of medication overuse as well as rebound headache. (Friedman, 1987) The AGS updated Beers criteria for inappropriate medication use includes barbiturates. (AGS, 2012)There is no documentation in the submitted Medical records of the injured worker that this medication is relieving her symptoms. Of note request does not specify strength, frequency and quantity. The Requested Treatment Fioricet is not medically necessary and appropriate.

Ultram: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 91-97. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter - Tramadol (Ultram).

Decision rationale: This prescription for Ultram is evaluated in light of the CA MTUS and the Official Disability Guidelines (ODG) recommendations. Tramadol is a centrally acting synthetic opioid analgesic and it provides inferior analgesia compared to a combination of Hydrocodone/ acetaminophen. (Turturro, 1998) As of November 2013, Tramadol has been designated a Schedule IV controlled substance. (DEA, 2013) Tramadol has unreliable analgesic activity and potential side effects such as serotonin syndrome. (Ray, 2013)) According to the CA MTUS the treatment of chronic pain with any opioid analgesic requires review and documentation of pain relief, functional status, appropriate medication use, and side effects. A pain assessment should include current pain, intensity of pain after taking the opiate, and the duration of pain relief. In this case, there is no documentation of the medication's pain relief effectiveness, functional status, or response to ongoing opioid analgesic therapy. Of note request does not specify strength, frequency and quantity. Medical necessity of the requested medication is not medically necessary.

Botox: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 25-26. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter-Botulinum toxin (Botox).

Decision rationale: As per CA MTUS guidelines, Botox injections are not generally recommended for chronic pain disorders, but recommended for cervical dystonia. Botox is not recommended for tension type headache, migraine headache, fibromyositis, chronic pain syndrome, myofacial pain syndrome, and trigger point injections. It is recommended for cervical dystonia and chronic back pain, if a favorable initial response predicts subsequent responsiveness, as an option in conjuction with a functional restoration program. Per ODG criteria Cervical dystonia is a condition that is not generally related to workers compensation injuries (also known as spasmodic torticolis), and is characterized as a movement disorder of the nuchal muscles, characterized by tremor or by tonic posturing of the head in a rotated, twisted, or abnormally flexed or extended position or some combination of these positions. When treated with BTX-B, high antigenicity limits long-term efficacy. Botulinum toxin A injections provide more objective and subjective benefit than trihexyphenidyl or other anticholinergic drugs to patients with cervical dystonia. In the submited medical records of this injured worker there is no clear documentation indicating that Cervical dystonia is related to workers compensation injuries. Medical necessity of the requested treatment is not medically necessary.

Epidural: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs) Page(s): 46. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter-Epidural steroid injections (ESIs).

Decision rationale: This requested treatment for Epidural steroid injections (ESIs) is evaluated in light of the CA MTUS and the Official Disability Guidelines (ODG) recommendations. The purpose of ESI is to reduce pain and inflammation, restoring range of motion and thereby facilitating progress in more active treatment programs, and avoiding surgery, but this treatment alone offers no significant long-term functional benefit. Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. ODG criteria do not recommend additional epidural steroid injections, if significant improvement is not achieved with an initial treatment. ODG also state there is insufficient evidence to make any recommendation for the use of epidural steroid injections to treat radicular cervical pain. Review of medical documentation does not specify neurological deficits within a dermatomal pattern. There are no imaging studies submitted. Medical Records of the injured worker do not clearly indicate if the injured worker had such treatment in the past, and what was its outcome. The requested treatment is not Medically necessary.

Bally's Gym Membership: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the

MTUS. Decision based on Non-MTUS Citation ODG, Low Back Chapter, Gym memberships.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, Gym Memberships.

Decision rationale: The request for Bally's Gym Membership is evaluated in light of the Official Disability Guidelines (ODG) recommendations ODG indicate that gym memberships are not recommended as a medical prescription unless a documented home exercise program with periodic assessment & revision has not been effective and there is need for equipment. The treating physician states that the injured worker is deconditioned due to her various chronic problems & due to her unstable spinal condition she needs gym membership & supervision by a licensed trainer. Gym membership would not generally be considered medical treatment and exercises monitored by licensed traineris not usually covered. In the submited medical records, there is no documentation of exceptional factors that warrant non-adherence to the recommended guidelines. The Requested Treatment Bally's Gym Membership is not Medically necessary.

Klonopin 0.5mg; BID to treat right shoulder and right knee pain: Upheld

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

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

Decision rationale: According to CA MTUS Guidelines, benzodiazepines are prescribed for anxiety. They are not recommended for long-term use for the treatment of chronic pain because long-term efficacy is unproven and there is a risk of dependency. Clonazepam (Klonopin) is a long-acting benzodiazepine, having anxiolytic, sedative, and hypnotic properties. Most guidelines recommend the use of Clonazepam for the treatment of anxiety disorders, and as an adjunct treatment for anxiety associated with major depression. Use of this medication is limited to four weeks. There are no guideline criteria that supports the long-term use of benzodiazepines. Tolerance to anxiolytic effects occurs within months and long term use may actually increases anxiety. Medical records reveal that in 2007, the injured worker had some relief of upper extremity pain, however guidelines do not support the long term use. Of note,

discontinuation of the drug should include a taper, to avoid withdrawal symptoms, weaning is typically recommended. The request is not medically necessary.

Chondroitin/Glucosamine to treat right shoulder and right knee pain: 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 - Chondroitin/Glucosamine.

Decision rationale: As per ODG Criteria it is Recommended as an option (glucosamine sulfate only) given its low risk, in patients with moderate arthritis pain, especially for knee osteoarthritis. Studies have demonstrated a highly significant efficacy for crystalline glucosamine sulphate (GS) on all outcomes, including joint space narrowing, pain, mobility, safety, and response to treatment, but similar studies are lacking for glucosamine hydrochloride (GH). For all herbals and dietary supplements, there may be concerns for potential interactions with prescription and over-the-counter medications and lack of manufacturing quality controls. In this case, the injured worker has chronic pain, and the submitted documentation does no indicate that Chondroitin/Glucosamine has helped this injured worker. Of note request does not specify strength, frequency and quantity. The requested medication is not medically necessary.

Orthopedic bed to address right shoulder and right knee pain: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation http://www.aetna.com/cpb/medical/data/500- 599/0543.html.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back Chapter-- Mattress Selection Knee and Leg Chapter -Durable medical equipment (DME).

Decision rationale: The request for Orthopedic bed is evaluated in light of the Official Disability Guidelines (ODG) recommendations ODG do not support any type of specific mattresses or bedding for chronic pain. Mattress selection is an individual decision and depends on personal preference. It is typically not part of medical treatment process. An orthopedic bed cannot be considered durable medical equipment, as it is useful to a person in the absence of illness or injury and it is not primarily and customarily used to serve a medical purpose. The submitted Medical records of injured worker do not mention of any wounds or limitations for which the patient is not able to properly change her positions in her own bed. The Requested Treatment for Orthopedic bed to address right shoulder and right knee pain is not Medically necessary.

Ergonomic chair and work station to address right shoulder and right knee pain: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation http://www.aetna.com/cpb/medical/data/400_499/0434.html.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 1 Prevention Page(s): 6.

Decision rationale: The requested treatment for Ergonomic chair and work station is evaluated in light of the MTUS/ACOEM recommendations The primary prevention of work-related complaints thus depends on reducing exposure to physical, personal, and psychosocial stressors. For example, engineering controls, including ergonomic workstation evaluation and modification, and job redesign to accommodate a reasonable proportion of the work force may well be the most cost effective measures in the long run. Personal protective equipment also can be an effective strategy for primary prevention. Primary preventive strategies based on maintaining activity and flexibility, such as exercise breaks for workers performing assembly tasks or a scheduled rotation of tasks, appear to be low in cost and generally effective based on physiologic principles. Strategies that improve work organization and management also should be addressed. WORK DESIGN several general principles are important to prevent musculoskeletal disorders and visual fatigue or injury. These include protection from hazards via engineering controls (effective barriers to hazards), use of personal protective equipment, administrative controls, and adjustment of workstations, tasks, and tools to the individual worker's size and physiologic and work capacity. Person-job fit is a basic principle that may markedly reduce occupational health concerns and the costs of lost productivity due to illness and injury as well as related medical costs. The same principles are used either to engineer jobs so that they fit many people or to adapt a job, task, or workstation to a specific person. These principles include: Decreasing force or load as well as repetitions through redesign, tool changes, or automation. Decreasing static exertions that result in excessive muscle fatigue. Providing reasonable and prudent exercise breaks, depending on the tasks involved. For example, stretch or light-exercise breaks may be reasonable every half hour or hour for static, repetitive, or sedentary jobs or tasks. Avoiding use of the hand as a tool, such as pounding on a tool or part. Providing lift-assist devices, particularly for those performing frequent, heavy lifts. Positioning work to avoid static, non-anatomic postures resulting in sustained muscle contraction. Jobs and workstations should be designed so that they fit most workers capacities. Workstations, equipment, or task components should be adjustable for workers of different stature, strength, and endurance to ensure a match. For this injured worker to continue to stay in workforce, The Requested Treatment for Ergonomic chair and work station to address right shoulder and right knee pain is medically necessary and appropriate.

Home cleaning help due to right shoulder and right knee pain: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 51.

Decision rationale: CA MTUS guidelines: state Home health services is recommend only for otherwise recommended medical treatment for patients who are homebound, on a part-time or "intermittent" basis, generally up to no more than 35 hours per week. Medical treatment does not include homemaker services like shopping, cleaning, and laundry, and personal care given by home health aides like bathing, dressing, and using the bathroom when this is the only care needed. The Medical records do not substantiate that the injured worker is homebound or has any skilled needs. Review of the submitted medical records of the injured worker do not meet the guidelines as cited, therefore, the requested Treatment Home cleaning help due to right shoulder and right knee pain is not Medically necessary.