

Case Number:	CM15-0067101		
Date Assigned:	04/14/2015	Date of Injury:	10/23/2010
Decision Date:	07/02/2015	UR Denial Date:	03/17/2015
Priority:	Standard	Application Received:	04/08/2015

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: 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 62 year old female, who sustained an industrial injury on 10/23/10. She reported initial complaints were a result of falling on a flight of stairs. The injured worker was diagnosed as having cervicalgia; pain in the thoracic spine; disorders of the sacrum; other pain disorders related to psychological factors; postlaminectomy syndrome of the lumbar spine. Treatment to date has included lumbar surgery (2011); medications. Currently, the PR-2 notes dated 3/2/15 indicate the injure worker complains of ongoing pain in bilateral shoulders with the left shoulder pain greater than the right. She occasionally experiences right upper extremity numbness. The injured worker also complains of lower back pain that is worse in the morning with spasms and ongoing neck pain with radiation into her bilateral cervical brachial regions. The provider documents the pain is made better with medications and rest with pain levels without medication at 10 and with medications at 6/10. She must use a cane and walker for ambulation and a TENS unit on a daily basis with benefit. The provider notes the injured worker is interested in aquatic therapy in the summer. It is also documented the injured worker takes 6 Norco per day enabling her to do stretches and was 4 blocks; without it she would not be able to get out of bed as it decreases pain by 50%. The provider has requested Norco 10-325mg tab #190, Ambien 10mg #30, Flexeril 5mg #30, and Aquatic therapy 1 x week x 6 weeks, lumbar/neck/thoracic.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10-325mg tab #180: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page 74-96. Hydrocodone/Acetaminophen, page 91.

Decision rationale: Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines (page 89) present the strategy for maintenance for long-term users of opioids. "Do not attempt to lower the dose if it is working." Supplemental doses of breakthrough medication may be required for incidental pain, end-of dose pain, and pain that occurs with predictable situations. The standard increase in dose is 25 to 50% for mild pain and 50 to 100% for severe pain. Actual maximum safe dose will be patient-specific and dependent on current and previous opioid exposure, as well as on whether the patient is using such medications chronically. Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant drug-related behaviors. These domains have been summarized as the 4 A's (analgesia, activities of daily living, adverse side effects, and aberrant drug- taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs. Hydrocodone/Acetaminophen (Norco) is indicated for moderate to moderately severe pain. The treating physician's report dated 3/24/15 documented that urine drug screen on 2/2/15 was consistent. The treating physician's progress report March 2, 2015 documented that the patient is status post L5-S1 discectomy and decompression on 7/28/11. Analgesia, activities of daily living, adverse side effects, and aberrant behaviors were addressed. Medical records documented objective evidence of pathology on MRI magnetic resonance imaging studies. Medical records document objective physical examination findings. Medical records document regular physician clinical evaluations and monitoring. Per MTUS, Hydrocodone / Acetaminophen (Norco) is indicated for moderate to moderately severe pain. The request for Norco (Hydrocodone/Acetaminophen) is supported by the MTUS guidelines. Therefore, the request for Norco 10/325 mg 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), Zolpidem (Ambien(r)).

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

Decision rationale: Medical Treatment Utilization Schedule (MTUS) does not address Zolpidem (Ambien). Official Disability Guidelines (ODG) state that Ambien (Zolpidem) is approved for the short-term, usually two to six weeks, treatment of insomnia, and should be used for only a short period of time. The progress report dated 1/5/15 documented the prescription of Ambien 10 mg #30. The progress report dated 2/2/15 documented the prescription of Ambien 10 mg #30. The progress report dated 3/2/15 documented the prescription of Ambien 10 mg #30. Medical records indicate long-term use of Ambien (Zolpidem). ODG guidelines states that Ambien should be used for only a short period of time. The long-term use of Ambien is not supported by ODG guidelines. Therefore, the request for Ambien is not medically necessary.

Flexeril 5mg #30: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47-49, Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril), pages 41-42. Muscle relaxants, pages 63-66. Decision based on Non-MTUS Citation FDA Flexeril, <http://www.drugs.com/pro/flexeril.html>.

Decision rationale: Medical Treatment Utilization Schedule (MTUS) addresses muscle relaxants. American College of Occupational and Environmental Medicine (ACOEM) 2nd Edition (2004) states that muscle relaxants seem no more effective than NSAIDs for treating patients with musculoskeletal problems, and using them in combination with NSAIDs has no demonstrated benefit. Muscle relaxants may hinder return to function by reducing the patient's motivation or ability to increase activity. Table 3-1 states that muscle relaxants are not recommended. Chronic Pain Medical Treatment Guidelines addresses muscle relaxants. Muscle relaxants should be used with caution as a second-line option for short-term treatment. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. According to a review in American Family Physician, muscle relaxants should not be the primary drug class of choice for musculoskeletal conditions. Chronic Pain Medical Treatment Guidelines state that Cyclobenzaprine (Flexeril) is an option for a short course of therapy. Treatment should be brief. The addition of Cyclobenzaprine to other agents is not recommended. FDA guidelines state that Cyclobenzaprine is indicated for acute musculoskeletal conditions. Cyclobenzaprine should be used only for short periods (up to two or three weeks) because adequate evidence of effectiveness for more prolonged use is not available. Medical records document that the patient's occupational injuries are chronic. Injury date was 10/23/10. The progress report dated 1/5/15 documented the prescription of Flexeril 5 mg #30. The progress report dated 2/2/15 documented the prescription of Flexeril 5 mg #30. The progress report dated 3/2/15 documented the prescription of Flexeril 5 mg #30. Medical records document the long-term use of the muscle relaxant Cyclobenzaprine (Flexeril). MTUS, ACOEM, and FDA guidelines do not support the use of Cyclobenzaprine (Flexeril) for chronic conditions. Medical records indicate the long-term use of muscle relaxants, which is not supported by MTUS and FDA guidelines. The use of Cyclobenzaprine (Flexeril) is not supported by MTUS or ACOEM guidelines. Therefore, the request for Flexeril is not medically necessary.

Aquatic therapy 1 x week x 6 weeks, lumbar/neck/thoracic: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic therapy Page(s): 76-78.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic therapy, page 22. Physical Medicine, pages 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic) Physical medicine treatment. ODG Preface Physical Therapy Guidelines.

Decision rationale: Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines state that aquatic therapy is an optional form of exercise therapy and an alternative to land-based physical therapy. Aquatic therapy is specifically recommended where reduced weight bearing is desirable, for example extreme obesity. For recommendations on the number of supervised visits, see Physical Medicine (Pages 98-99). MTUS Physical Medicine guidelines indicate that for myalgia and myositis, 9-10 visits are recommended. For neuralgia, neuritis, and radiculitis, 8-10 visits are recommended. Official Disability Guidelines (ODG) present physical therapy PT guidelines. Patients should be formally assessed after a six visit clinical trial to evaluate whether PT has resulted in positive impact, no impact, or negative impact prior to continuing with or modifying the physical therapy. When treatment duration and/or number of visits exceeds the guideline, exceptional factors should be noted. The treating physician's report dated 3/24/15 documented that the patient has tried land based physical therapy in the past with minimal benefit. Injury date was 10/23/10. The patient is status post L5-S1 discectomy and decompression on 7/28/11. The treating physician's progress report March 2, 2015 documented that the patient is doing better since her previous visit. She is not utilizing any assistive devices for ambulation. Patient is near ideal body weight and is well groomed. Normal muscle tone Strength in bilateral lower extremities and bilateral upper extremities was demonstrated on physical examination. Six sessions of aquatic therapy were requested. Per MTUS definitions, functional improvement means either a clinically significant improvement in activities of daily living or a reduction in work restrictions, and a reduction in the dependency on continued medical treatment. No functional improvement, as defined by MTUS, with past aquatic therapy was documented. Per MTUS, aquatic therapy is specifically recommended where reduced weight bearing is desirable. The 3/24/15 progress report does not establish the need for reduced weight bearing. The patient was ambulatory, near ideal body weight, with normal lower and upper extremity motor strength bilaterally. MTUS guidelines do not support request for aquatic therapy sessions. Therefore, the request for aquatic therapy is not medically necessary.