

Case Number:	CM15-0083736		
Date Assigned:	05/05/2015	Date of Injury:	03/01/2006
Decision Date:	07/15/2015	UR Denial Date:	04/21/2015
Priority:	Standard	Application Received:	04/30/2015

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: Texas, Illinois

Certification(s)/Specialty: Preventive Medicine, Occupational 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 49-year-old female, with a reported date of injury of 03/01/2006. The diagnoses include status post anterior cervical fusion, chronic neck pain, status post bilateral carpal tunnel surgery with residual right and left carpal tunnel syndrome, and right shoulder tendinitis. Treatments to date have included an MRI of the cervical spine on 12/06/2014, electro diagnostic studies on 12/20/2014, cervical spine surgery, x-rays of the cervical spine, physical therapy, a transcutaneous electrical nerve stimulation (TENS) unit, and oral medications. The re-evaluation report dated 03/25/2015 indicates that the injured worker had neck and bilateral upper extremity pain. The physical examination showed normal muscle strength in both upper extremities, normal sensation to pinprick, negative bilateral Hoffman, and a well-healed scar on the posterior cervical spine. The treating physician requested a referral to a spine surgeon for consultation to evaluate and treat, and to monitor the progress of her healing from the spine fusion; hydrocodone 10/325mg for pain; Ambien 10mg for sleep difficulties due to pain; Zanaflex 4mg for pain or spasm; and SalonPas for pain. It was noted that a pain medication agreement had been signed. On 04/21/2015, Utilization Review (UR) denied the request for a referral to a spine surgeon, noting that the injured worker was totally neurologically intact; modified the request for hydrocodone to allow for weaning; denied the request for Ambien, noting that there is concern that the medication may increase pain and depression over the long-term; denied the request for Zanaflex, noting the loss of effectiveness over the time recommendation; and denied the request for SalonPas, noting the lack of documentation of

compelling circumstances identifying why the requested compound medication would be required.

IMR ISSUES, DECISIONS AND RATIONALES

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

Referral to CA Spine Surgeon: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM: Chapter 6, pages 127, Consultation.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 180.

Decision rationale: The injured worker sustained a work related injury on 03/01/2006. The medical records provided indicate the diagnosis of status post anterior cervical fusion, chronic neck pain, status post bilateral carpal tunnel surgery with residual right and left carpal tunnel syndrome, and right shoulder tendinitis. Treatments to date have included cervical spine surgery, physical therapy, a transcutaneous electrical nerve stimulation (TENS) unit, and oral medications. The medical records provided for review do not indicate a medical necessity for referral to CA Spine Surgeon. The medical records indicate she had cervical surgery abroad in 12/2014, which was followed by unspecified number of postsurgical physical therapy; however, she has continued to experience neck pain. Her cervical and upper extremities examination was unremarkable. She was given a referral to a surgeon here in the USA to evaluate the neck. The medical records revealed she will be returning to the country where she had the surgery in 05/2015, and she has an appointment to see the surgeon who did the surgery in 06/2015 (about three months from the encounter date). Therefore, considering the injured worker has no neurological abnormality, it is not medically necessary to refer to a spine surgeon at this stage, especially as she has appointment with the surgeon who did the surgery. The MTUS states that in the absence of progressive neurological deficit there is no evidence that delaying surgery worsens outcomes. Also, the MTUS states, "Surgery increases the likelihood that patients will have to have future procedures with higher complication rates". This request is not medically necessary.

Hydrocodone 10/325mg, (Unspecified Quantity): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioid Page(s): 82-88.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 77-78.

Decision rationale: The injured worker sustained a work related injury on 03/01/2006. The medical records provided indicate the diagnosis of status post anterior cervical fusion, chronic neck pain, status post bilateral carpal tunnel surgery with residual right and left carpal tunnel syndrome, and right shoulder tendinitis. Treatments to date have included cervical spine surgery,

physical therapy, a transcutaneous electrical nerve stimulation (TENS) unit, and oral medications. The medical records provided for review do not indicate a medical necessity for Hydrocodone 10/325mg, (Unspecified Quantity). The MTUS recommends the use of the lowest dose of opioids for the short term treatment of moderate to severe pain. The MTUS does not recommend the use of opioids for longer than 70 days in the treatment of chronic pain due to worsening adverse effects and lack of research in support of benefit. Also, the MTUS recommends that individuals on opioid maintenance treatment be monitored for analgesia (pain control), activities of daily living, adverse effects and aberrant behavior; the MTUS recommends discontinuation of opioid treatment if there is no documented evidence of overall improvement or if there is evidence of illegal activity or drug abuse or adverse effect with the opioid medication. The medical records indicate she had cervical surgery abroad in 12/2014 which was followed by unspecified number of Postsurgical physical therapy. However, she has continued to experience neck pain. It was because of the neck pain that the physician prescribed three months supply of Hydrocodone/ APAP. The request treatment is not medically necessary because not only did it not follow the guidelines recommendations before trial of opioids, the quantity prescribed was too much without follow up monitoring for adverse effects, aberrant behavior, activities of daily living, and pain control; besides it did not take into account that the fact MTUS does not recommend the use of the medication for longer than 70 days.

Ambien 10mg, (Unspecified Quantity): 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).

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: The injured worker sustained a work related injury on 03/01/2006. The medical records provided indicate the diagnosis of status post anterior cervical fusion, chronic neck pain, status post bilateral carpal tunnel surgery with residual right and left carpal tunnel syndrome, and right shoulder tendinitis. Treatments to date have included cervical spine surgery, physical therapy, a transcutaneous electrical nerve stimulation (TENS) unit, and oral medications. The medical records provided for review do not indicate a medical necessity for Ambien 10mg, (Unspecified Quantity). The MTUS is silent on this medication, but the Official Disability Guidelines states that Zolpidem (Ambien) is nonbenzodiazepine hypnotic, which is recommended for short-term (7-10 days) treatment of insomnia. The records indicate she was given three months supply.

Zanaflex 4mg, (Unspecified Quantity): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxant. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter.

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

Decision rationale: The injured worker sustained a work related injury on 03/01/2006. The medical records provided indicate the diagnosis of status post anterior cervical fusion, chronic neck pain, status post bilateral carpal tunnel surgery with residual right and left carpal tunnel syndrome, and right shoulder tendinitis. Treatments to date have included cervical spine surgery, physical therapy, a transcutaneous electrical nerve stimulation (TENS) unit, and oral medications. The medical records provided for review do not indicate a medical necessity for Zanaflex 4mg, (Unspecified Quantity). Zanaflex is a muscle relaxant. The MTUS recommends the use of non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbation in patients with chronic back pain. When Zanaflex is used for extended period, the MTUS recommend that the individual be monitored for liver function at baseline, 1, 3, and 6 months. The medical records do not indicate the injured worker is being treated for acute exacerbation of chronic back pain, also, there is no indication the injured worker is being monitored for liver function. Therefore, the request is not medically necessary.

Salon Pas Patches (Unspecified Quantity): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

Decision rationale: The injured worker sustained a work related injury on 03/01/2006. The medical records provided indicate the diagnosis of status post anterior cervical fusion, chronic neck pain, status post bilateral carpal tunnel surgery with residual right and left carpal tunnel syndrome, and right shoulder tendinitis. Treatments to date have included cervical spine surgery, physical therapy, a transcutaneous electrical nerve stimulation (TENS) unit, and oral medications. The medical records provided for review do not indicate a medical necessity for Salon Pas Patches (Unspecified Quantity). Salon Pas Patches is a topical analgesic containing menthol and methyl salicylate. The topical analgesics are largely experimental drugs primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. The MTUS recommends against the use of any compounded product that contains at least one drug (or drug class) that is not recommended. Menthol is not a recommended agent. Therefore, the request is not medically necessary.