

Case Number:	CM15-0084474		
Date Assigned:	05/06/2015	Date of Injury:	08/19/2009
Decision Date:	09/11/2015	UR Denial Date:	04/22/2015
Priority:	Standard	Application Received:	05/01/2015

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: California

Certification(s)/Specialty: Emergency 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 51 year old female, who sustained an industrial injury on August 19, 2009. The injured worker was diagnosed as having adjacent disc bulges at C2-C3 and C3-C4, status post cervical fusion 2010, at C4-C5, C5-C6, and C6-C7 for the treatment of C5 fracture and severe stenosis with residual symptoms, C3-C4 causing cervicogenic headaches, improving upper extremity and lower extremity pain and weakness, right shoulder impingement, lumbar spine low back pain, improved dysphagia, painful facet syndrome of the cervical spine at C3-C4, C4-C5, and C5-C6, and facet syndrome at L5-S1. Treatment to date has included MRIs, x-rays, swallow study, cervical fusion, and medication. Currently, the injured worker complains of residual right sided neck pain, residual back pain, and anxiety. The Treating Physician's report dated April 9, 2015, noted the injured worker was seen in the emergency room for anxiety because of her neck pain, with a neck x-ray noted to be okay, with Ativan helping significantly. The injured worker was noted to be very consistent and careful with her medications, and that given the chronicity of her pain and chronic pain issues, she required some ongoing medication for maintaining her function. The injured worker was noted to be able to maintain activities of daily living with the basic baseline pain medication that she took, being quite careful with them. The injured worker was noted to have signed a pain management agreement, risk benefit profile ratios had been checked, and had random urine testing done 2-3 times per year, which had been consistent. The injured worker's current medications were listed as Norco and Tramadol. Physical examination was noted to show pain to palpation over the cervical spine facet joints over C3-C4, C4-C5, and C5-C6, with cervical range of motion (ROM) limited secondary to pain.

Sensation was noted to be decreased in the C5, C6, and C7 distributions in the bilateral upper extremities. The treatment plan was noted to include pain management, medications prescribed including Norco, Ativan, and Ambien, and re-requests for a mattress and an interferential unit.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg, per 04/10/15 order #240: Upheld

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

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

Decision rationale: The request is for the use of a medication in the opioid class. The MTUS guidelines state that for ongoing treatment with a pharmaceutical in this class, certain requirements are necessary. This includes not only adequate pain control, but also functional improvement. Four domains have been proposed for management of patients on opioids. This includes pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant drug-related behaviors. In this case, there is inadequate documentation of persistent functional improvement, which should eventually lead to medication discontinuation. The records also do not reveal screening measures as discussed above for continued use of a medication in the opioid class. As such, the request is not medically necessary.

Ambien 10mg #60 per 04/10/15 order: 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).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 399.

Decision rationale: The request is for the use of a sleep aid. The need for this type of medication is varied and includes side effects of pharmaceuticals taken, stress, or even psychiatric conditions. Prior to use, a proper work-up is required delineating the etiology of the sleep disturbance. This may require a psychiatric evaluation. Further, restorative measures should initially include improving sleep hygiene, reducing caffeine intake and fat rich foods. In this case, the required evaluation and initial treatment measures are not seen. As such, the request is not medically necessary.

Refill of Ambien 10mg, per 04/10/15 order #60: 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).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 399.

Decision rationale: The request is for the use of a sleep aid. The need for this type of medication is varied and includes side effects of pharmaceuticals taken, stress, or even psychiatric conditions. Prior to use, a proper work-up is required delineating the etiology of the sleep disturbance. This may require a psychiatric evaluation. Further, restorative measures should initially include improving sleep hygiene, reducing caffeine intake and fat rich foods. In this case, the required evaluation and initial treatment measures are not seen. As such, the request is not medically necessary.

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Refill of Ativan 1mg, per 04/10/15 order #90: Upheld

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

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

Decision rationale: The request is for the use of a medication in the category of benzodiazepines. It is usually indicated to treat anxiety disorders but has been used short-term as a muscle relaxant. The MTUS guidelines state the following: Not recommended for long-term use because long-term efficacy is unproven and there is a risk of dependence. Most guidelines limit use to 4 weeks. Their range of action includes benzodiazepines are the treatment of choice in very few conditions. Tolerance to hypnotic effects develops rapidly. Tolerance to anxiolytic

effects occurs within months and long-term use may actually increase anxiety. A more appropriate treatment for anxiety disorder is an antidepressant. Tolerance to anticonvulsant and muscle relaxant effects occurs within weeks. (Baillargeon, 2003) (Ashton, 2005) In this case, a medication in this class would not be advised for continued use due to the duration of therapy. As such, the request is not medically necessary.

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