

Case Number:	CM15-0084489		
Date Assigned:	05/06/2015	Date of Injury:	03/15/2007
Decision Date:	06/05/2015	UR Denial Date:	04/17/2015
Priority:	Standard	Application Received:	05/02/2015

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: Family Practice

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 54 year old male, who sustained an industrial injury on March 15, 2007. Several documents included in the submitted medical records are difficult to decipher. The injured worker's initial complaints and diagnoses are not included in the provided documentation. The injured worker was diagnosed as having cervical and lumbar sprain/strain, bilateral leg radiculitis, bilateral arm tenosynovitis, carpal tunnel syndrome, left carpal tunnel release, bilateral knee arthralgia and meniscal tears, and left shoulder decompression. Diagnostic studies to date have included MRI and x-rays. Treatment to date has included a home exercise program, home electrical muscle stimulation, left long finger injection, and medications including pain, anti-vertigo, muscle relaxant, and sleep. On February 4, 2015, the injured worker complains of continued triggering of the left long finger/hand that increases with gripping and grasping activities. His pain decreases with rest and medications. His pain is moderate and described as constant, dull, numbness, tingling, ache, and soreness. His condition is unchanged since the prior visit. The physical exam revealed tenderness to palpation of the A1 pulley of the left long finger/hand with a nodule being noted. There was positive triggering of the long fingers and positive Tinel's and Phalen's signs. The lumbar spine exam revealed tenderness of the bilateral paravertebral muscles, lumbosacral junction, and sciatic notches. There was decreased range of motion with increased pain in all planes, decreased sensation along the bilateral lumbar 5 and sacral 1 dermatome distribution. The bilateral straight leg raise was positive with numbness and tingling along the bilateral nerve root distribution. The treating provider noted the benefit from the injured worker's medications included ability to perform activities of daily

living, improved participation in a home exercise program, an improved sleep pattern, and improved participation in a therapy program. The injured worker was not currently working. The treatment plan includes Sonata 10mg, Robaxin 750mg, and meclizine 25mg.

IMR ISSUES, DECISIONS AND RATIONALES

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

Sonata 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.

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

Decision rationale: The Official Disability Guidelines comment on the use of Sonata, a non-benzodiazepine pill, as a treatment modality. In the pharmacologic treatment of insomnia, these guidelines recommend that treatment be based on the etiology. Pharmacological agents should only be used after careful evaluation of potential causes of sleep disturbance. Failure of sleep disturbance to resolve in a 7 to 10 day period may indicate a psychiatric and/or medical illness. Regarding the use of Sonata, the guidelines only recommend short-term use (7-10 days). In this case, the records do not provide evidence of an evaluation for the potential causes of this patient's sleep disturbance. Further, the use of Sonata has extended beyond the guideline recommendations; limiting use to 7-10 days. For these reasons, Sonata is not considered as a medically necessary treatment.

Robaxin 750mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants for Pain Page(s): 63-65.

Decision rationale: The MTUS/Chronic Pain Medical Treatment Guidelines comment on the use of muscle relaxants for pain, including Robaxin. These guidelines recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP. Muscle relaxants may be effective in reducing pain and muscle tension, and increasing mobility. However, in most LBP cases, they show no benefit beyond NSAIDs in pain and overall improvement. Also there is no additional benefit shown in combination with NSAIDs. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. In this case, the use of Robaxin indicates that it is being used as a long-term treatment strategy for this patient's symptoms. Long-term use of a muscle relaxant such as Robaxin is not consistent with the above cited guidelines. There is insufficient documentation in the medical records in support of long-term use; specifically, the

efficacy of Robaxin in addressing this patient's symptoms. For these reasons, Robaxin is not considered as a medically necessary treatment.

Meclizine 25mg #60: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chapter: Chronic Pain Section: Antiemetics for Opioid Nausea.

Decision rationale: The Official Disability Guidelines comment on the use of anti-emetics for the treatment of nausea and vomiting associated with opioid use. Meclizine is an antihistamine that may be used for nausea and vomiting; typically associated with motion sickness. Regarding the use of anti-emetics, the Official Disability Guidelines do not recommend their use for nausea and vomiting secondary to chronic opioid use. Nausea and vomiting is common with use of opioids. These side effects tend to diminish over days to weeks of continued exposure. If nausea and vomiting remains prolonged, other etiologies of these symptoms should be evaluated for. In this case, the medical records do not clarify the reason for the long-term use of Meclizine; other than the diagnosis of "dizziness." I was unable to find a specific evaluation in the medical records that described an effort to diagnose the underlying cause of this patient's symptoms. As the patient is on an opioid, Tramadol, it is unclear whether dizziness represents an adverse side effect to this medication. Without further clarification of the etiology of this patient's dizziness and given that the patient is on a chronic opioid, the use of Meclizine is not considered as a medically necessary treatment.