

Case Number:	CM15-0085394		
Date Assigned:	05/08/2015	Date of Injury:	01/20/2012
Decision Date:	06/26/2015	UR Denial Date:	04/01/2015
Priority:	Standard	Application Received:	05/05/2015

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: Physical Medicine & Rehabilitation, Pain Management

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 (IW) is a 40 year old male who sustained an industrial injury on 01/20/2012. He reported left shoulder pain. The injured worker was diagnosed as having a left shoulder superior labral anterior posterior (SLAP) tear that is now recurrent. He has chronic regional pain syndrome on the right upper extremity following his second right shoulder surgery. He has chronic low back pain. MRI reports of the lumbar spine showed a dehydrated L5-S1 disk with a tiny dorsal disk protrusion and a subtle annulus fissure. MRI of his lumbar spine from 10/07/2014 showed an annular tear at L5-S1 and a small posterior disk protrusion. EMG of right upper extremity from 02/11/2013 was within normal limits. Treatment to date has included chiropractic, acupuncture, shoulder corticosteroid injection, and nonsteroidal anti-inflammatory drugs. In November 2013, he had a right shoulder arthroscopic SLAP repair, anterior stabilization, debridement, blood harvest, and plasma rich protein injection. In December 2013, he had increased hand swelling, skin and temperature changes, was started on Neurontin, then Lyrica, and continued PT and rehabilitation. He had a series of Stellate Ganglion Blocks on 03/3, 03/10, and 03/19 of 2014 with no lasting reduction in his edema, inflammation and symptoms. Currently, the injured worker complains of neck, right shoulder, and low back pain. He continues to do well on medications, stating that in combination, they are bringing his pain levels down at least 30% and allowing him to stay functional throughout the day. The IW notes that when he takes Lyrica the paresthesias down the right upper extremity are reduced by about 30%. His current medications include Norco 10/325 mg, eight a day; Zanaflex 4 mg, 4 a day;

Ambien 10 mg by mouth at bedtime, and Lexapro 10 mg once daily. These medications are requested retroactively. A random urine drug screen is reported as consistent.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective Zanaflex 4 mg #120: Upheld

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 Page(s): 63-66 of 127.

Decision rationale: Regarding the request for tizanidine (Zanaflex), Chronic Pain Medical Treatment Guidelines support the use of nonsedating muscle relaxants to be used with caution as a 2nd line option for the short-term treatment of acute exacerbations of pain. Guidelines go on to state that tizanidine specifically is FDA approved for management of spasticity; unlabeled use for low back pain. Guidelines recommend LFT monitoring at baseline, 1, 3, and 6 months. Within the documentation available for review, there is no identification of a specific analgesic benefit or objective functional improvement as a result of the tizanidine. Additionally, it does not appear that this medication is being prescribed for the short-term treatment of an acute exacerbation, as recommended by guidelines. Finally, it does not appear that there has been appropriate liver function testing, as recommended by guidelines. In the absence of such documentation, the currently requested tizanidine (Zanaflex), is not medically necessary.

Retrospective Ambien 10 mg #30: 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) Chronic Pain, Sleep Medication, Insomnia treatment.

Decision rationale: Regarding the request for zolpidem (Ambien), California MTUS guidelines are silent regarding the use of sedative hypnotic agents. ODG recommends the short-term use (usually two to six weeks) of pharmacological agents only after careful evaluation of potential causes of sleep disturbance. They go on to state the failure of sleep disturbances to resolve in 7 to 10 days, may indicate a psychiatric or medical illness. Within the documentation available for review, there is no current description of the patient's insomnia, no discussion regarding what behavioral treatments have been attempted, and no statement indicating how the patient has responded to Ambien treatment. Furthermore, there is no indication that Ambien is being used for short-term use as recommended by guidelines. In the absence of such documentation, the currently requested zolpidem (Ambien) is not medically necessary.

Retrospective Lexapro 10 mg #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 15 Stress Related Conditions Page(s): 395-396, 402, Chronic Pain Treatment Guidelines Page(s): 107 of 127.

Decision rationale: Regarding the request for Lexapro (escitalopram), Chronic Pain Medical Treatment Guidelines state that selective serotonin reuptake inhibitors may have a role in treating secondary depression. Additionally, guidelines recommend follow-up evaluation with mental status examinations to identify whether depression is still present. Guidelines indicate that a lack of response to antidepressant medications may indicate other underlying issues. Within the documentation available for review, there is no evidence of any recent mental status examinations to determine a diagnosis of depression. Additionally, there is no documentation indicating whether or not the patient has responded to the current Lexapro treatment. Antidepressants should not be abruptly discontinued, but unfortunately, there is no provision to modify the current request to allow tapering. In the absence of clarity regarding those issues, the currently requested Lexapro is not medically necessary.

Retrospective Norco 10/325 mg #240: 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 Page(s): 44, 47, 75-79, 120 of 127.

Decision rationale: Regarding the request for Norco 10/325 mg, California Pain Medical Treatment Guidelines note that it is an opiate pain medication. Due to high abuse potential, close follow-up is recommended with documentation of analgesic effect, objective functional improvement, side effects, and discussion regarding any aberrant use. Guidelines go on to recommend discontinuing opioids if there is no documentation of improved function and pain. Within the documentation available for review, there is indication that the medication is improving the patient's function and pain with no side effects or aberrant use, and the patient is noted to undergo regular monitoring. In light of the above, the currently requested Norco 10/325 mg is medically necessary.