

<b>Case Number:</b>	CM14-0125735		
<b>Date Assigned:</b>	08/13/2014	<b>Date of Injury:</b>	07/23/2007
<b>Decision Date:</b>	10/14/2014	<b>UR Denial Date:</b>	07/22/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/08/2014

### 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. The expert reviewer is Board Certified in Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Texas. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 30 year old female who sustained an injury on 07/23/07 when a desk collapsed causing her to fall to the ground sustaining injury to the neck. The injured worker reported the development of headaches as well as the tingling and numbness in the upper extremities. Prior treatment has included more than 24 sessions of physical therapy as well as acupuncture treatment and chiropractic manipulation which provided significant improvement. The injured worker was compliant with a home exercise program and several medications were noted to include the use of Soma, Zolpidem, Nizanidine, Fioricet, and Norco. The injured worker did describe opioid induced nausea. The injured worker was evaluated on 06/04/14 with continuing complaints of neck, left shoulder, and bilateral wrists as well as frequent headaches. The injured worker reported unchanged pain intensity which was substantially reduced with medication to 1-2/10 on VAS. Without medications, the injured worker reported her pain as uncontrolled 10/10. At this evaluation, the injured worker was utilizing Norco 7.5/325mg every 6-8 hours as well as Soma, Ambien, Fioricet, Nizanidine, and Motrin. The injured worker physical exam noted limited range of motion in the cervical spine with weakness present in the left shoulder on abduction. There was sensory loss in the left C5 distribution as well as decreased sensation to light touch in the left upper extremity. The injured worker had positive Tinel's and Phalen's over the right wrist and elbow. There was decreased grip strength bilaterally. Tenderness was also noted over the volar right hand. Medications were continued at this evaluation. The injured worker's urine drug screen reports from 07/09/14 did note to be positive for Hydrocodone as well as THC. There were negative findings for tested medications to include Fioricet and Soma. Follow-up on 07/02/14 noted no significant change in the injured worker's pain or reported efficacy of medications. The injured worker's physical exam findings remain unchanged. The requested hand therapy for 12 sessions, chiropractic treatment for 8 sessions,

wrist splints for the thumbs bilaterally, Fioricet, Zolpidem, Soma, and Norco were all denied by utilization review on 07/22/14.

## **IMR ISSUES, DECISIONS AND RATIONALES**

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

### **Hand therapy 2x6: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Pain, Suffering, and the Restoration of Function Chapter, Page 114, and on the Non-MTUS Official Disability Guidelines, Forearm, wrist & hand chapter

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

**Decision rationale:** The clinical documentation submitted for review would not support the requested hand therapy for this injured worker. The injured worker reported never having prior physical therapy for the hands however the clinical documentation submitted for review did not identify any specific goals set for the injured worker in terms of bilateral wrist and hand function which would be substantially improved with physical therapy at this point in time. It is unclear from the injured worker's physical exam findings how physical therapy would functionally improve a 7 year old injury. As such this reviewer would not have recommended this request as medically necessary.

### **Chiropractic x8 (cervical): Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Pain, Suffering, and the Restoration of Function Chapter, Page 114, and on the Non-MTUS Official Disability Guidelines, Neck/upper back chapter

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy and Manipulation Page(s): 58-60.

**Decision rationale:** In review of the clinical documentation submitted there are no indications for continuing chiropractic treatment at this point time for the cervical spine. The injured worker's response to prior chiropractic therapy was reported as substantial however, it is unclear how a new program of chiropractic therapy would reasonably address the 7 year old injury. Furthermore, per guidelines chiropractic treatment is not recommended for more than 6 initial sessions to establish the efficacy of this treatment. The requested 8 sessions would be considered excessive and therefore not medically necessary.

### **2 Bilateral thumb spica wrist splints: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints. 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) Forearm, Wrist, & Hand Chapter, Splinting

**Decision rationale:** The requested bilateral thumb spica wrist splints would not be supported as medically necessary in review of the clinical documentation submitted. There is no evidence of any substantial instability or significant loss of range of motion in the bilateral wrists or thumbs which would require wrist splinting. Although indicated for acute trauma and acute musculoskeletal conditions, bilateral wrist splints would not be recommended by guidelines for a chronic 7 year old injury. Therefore, this reviewer would not have recommended this request as medically appropriate

**Fioricet 50/325 40mg -#60:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation PDR

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter, BCA's

**Decision rationale:** In regards to Fioricet 50/325/40mg #60, this reviewer would not have recommended this request as medically necessary. The clinical documentation submitted for review noted inconsistent urine drug screen findings that were negative for Fioricet. There were also positive findings for THC. Guidelines do not recommend long-term use for Fioricet due to risk factors for dependency and abuse. There is insufficient evidence in the literature establishing that long -term use of Fioricet is functionally beneficial to the injured worker. In this case given the inconsistent urine drug screen findings and the lack of recommendation regarding long-term use of this medication, this reviewer would not have recommended this medication as medically necessary.

**Zolpidem tartrate 10mg:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain Chapter, Ambien (Zolpidem tartrate)

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

**Decision rationale:** In regards to the use of Zolpidem 10mg, this reviewer would not have recommended this medication as medically necessary based on the clinical documentation provided for review and current evidence based guideline recommendations. The use of Zolpidem to address insomnia is recommended for a short term duration no more than 6 weeks per current evidence based guidelines. Furthermore, the FDA has recommended that dosing of Zolpidem be reduced from 10mg to 5mg due to adverse effects. The clinical documentation submitted for review does not provide any indications that the use of Zolpidem has been effective in improving the injured worker's overall functional condition. Furthermore, the request is not specific in terms of quantity requested, frequency, or duration. As such, this reviewer would not recommend this request as medically necessary.

**Soma 350mg:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain Chapter

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63-67.

**Decision rationale:** In regards to the use of Soma 350mg, this reviewer would not have recommended this medication as medically necessary based on the clinical documentation provided for review and current evidence based guideline recommendations. The chronic use of muscle relaxers is not recommended by current evidence based guidelines. At most, muscle relaxers are recommended for short term use only. The efficacy of chronic muscle relaxer use is not established in the clinical literature. There is no indication from the clinical reports that there had been any recent exacerbation of chronic pain or any evidence of a recent acute injury. Furthermore, the request is not specific in terms of the quantity requested, frequency, or duration. Therefore, this reviewer would not have recommended the ongoing use of this medication.

**Norco 7.5mg (no quantity specified):** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for Use Page(s): 88-89.

**Decision rationale:** In review of the clinical documentation submitted the requested Norco 7.5/325mg would not be supported as medically necessary. The injured worker reported a substantial amount of improvement in terms of pain with this medication and the most recent urine drug screen findings noted positive findings for THC as well as Hydrocodone. Given this inconsistent urine drug screen findings for THC there are concerns regarding abhorrent medication use which would place the injured worker at a higher risk factor for ongoing abuse and diversion. This was not addressed in the clinical documentation submitted for review and guidelines would not recommend continuing use of this medication in light of the inconsistent

urine drug screen findings. Therefore, it is this reviewer's opinion that the request is not medically necessary.