

Case Number:	CM14-0161520		
Date Assigned:	10/07/2014	Date of Injury:	06/25/2007
Decision Date:	11/07/2014	UR Denial Date:	09/11/2014
Priority:	Standard	Application Received:	10/01/2014

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 Physical Medicine and Rehabilitation, has a subspecialty in Pain Medicine and Spinal Cord Medicine and is licensed to practice in Massachusetts. 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 claimant is a 58 year-old female with a history of a work injury occurring on 06/25/07. She was involved in a motor vehicle accident. She had neck and low back pain. Treatments included medications and injections. On 04/04/14 the claimant underwent a right lumbar epidural steroid injection. She was seen by the requesting provider on 04/29/14. She had undergone an epidural injection on 04/04/14 with moderate improvement in pain. Pain was rated at 8/10. Physical examination findings included cervical and lumbar paraspinal muscle tenderness with decreased and painful range of motion. Authorization for another epidural injection was requested. On 05/19/14 she was having pain rated at 5-7/10. She had right lower extremity numbness and tingling. Physical examination findings included right low back pain with straight leg raising. She had decreased cervical spine range of motion. There was lumbar paraspinal muscle spasm with right lower lumbar facet joint tenderness and tenderness over the trapezius and supraspinatus muscles. On 05/23/14 the epidural steroid injection was repeated. On 06/03/14 there had been improvement after the epidural injection done in May. Pain was now rated at 2/10. She was not taking any medications. Physical examination findings appear unchanged. The plan references the claimant as doing well. A home exercise program was reviewed. On 07/07/14 she was having low back and neck pain. Pain was rated at 8/10. There had been a 40-50% improvement after the injections. Authorization for six sessions of physical therapy and an MRI of the cervical spine was requested. Physical examination findings included decreased cervical spine range of motion.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco (no quantity or strength given): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use, (2) Opioids, dosing, Page(s): p86, p76-80.

Decision rationale: The claimant is more than 5 years status post work-related injury and continues to be treated for chronic neck and low back pain. Medications have been requested without dosing instructions or specified quantity. Guidelines indicate that just because an injured worker has reached a permanent and stationary status or maximal medical improvement, that does not mean that they are no longer entitled to future medical care. However, in this case, the claimant's morphine equivalent dose cannot be calculated and guidelines also recommend that dosing not exceed 120 mg oral morphine equivalents per day. Therefore, as requested, Norco (no quantity or strength given) was not medically necessary.

Relafen (no quantity or strength given): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAID's (non-steroidal anti-inflammatory) Page(s): 68.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, specific drug list & adverse effects, Page(s): p68-71.

Decision rationale: The claimant is more than 5 years status post work-related injury and continues to be treated for chronic neck and low back pain. Medications have been requested without dosing instructions or specified quantity. Oral NSAIDS (Nonsteroidal Anti-inflammatory Medications) are recommended for treatment of chronic persistent pain and for control of inflammation. Guidelines recommend a maximum dose of Relafen of 2000 mg/day. However, in this case, the claimant's dose was not provided. Therefore, as requested, Relafen (no quantity or strength given) was not medically necessary.

Prilosec (no quantity or strength given): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Proton Pump Inhibitor.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, specific drug list & adverse effects, Page(s): p68-71.

Decision rationale: The claimant is more than 5 years status post work-related injury and continues to be treated for chronic neck and low back pain. Medications have been requested without dosing instructions or specified quantity. The claimant's medications include Relafen at

an unspecified dose. Guidelines recommend an assessment of GI symptoms and cardiovascular risk when NSAIDs are used. The claimant does not have identified risk factors for a GI event. She is under age 65 and has no history of a peptic ulcer, bleeding, or perforation. She is taking a nonselective non-steroidal anti-inflammatory medication at an unknown dose. There is no documentation of dyspepsia secondary to NSAID therapy. In this scenario, guidelines do not recommend that a proton pump inhibitor such as Prilosec be prescribed.

Theramine (no quantity or strength given): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG (Official Disability Guidelines):
Theramine

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), Theramine®

Decision rationale: The claimant is more than 5 years status post work-related injury and continues to be treated for chronic neck and low back pain. Medications have been requested without dosing instructions or specified quantity. Theramine is a medical food from that is a proprietary blend of gamma-aminobutyric acid [GABA] and choline bitartrate, L-arginine, and L-serine. It is intended for use in the management of pain syndromes that include acute pain, chronic pain, fibromyalgia, neuropathic pain, and inflammatory pain. Guidelines recommend against its use. The request is not medically necessary.

Ambien (no quantity or strength given): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG (Official Disability Guidelines): Non-benzodiazepines

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) (1) Chronic Pain, Zolpidem (2) Mental Illness & Stress, Insomnia (3) Mental Illness & Stress, Insomnia treatment

Decision rationale: The claimant is more than 5 years status post work-related injury and continues to be treated for chronic neck and low back pain. Medications have been requested without dosing instructions or specified quantity. Ambien (Zolpidem) is a prescription short-acting non-benzodiazepine hypnotic, which is approved for the short-term (usually two to six weeks) treatment of insomnia and is rarely recommended for long-term use. It can be habit-forming, and may impair function and memory and may increase pain and depression over the long-term. The treatment of insomnia should be based on the etiology and pharmacological agents should only be used after careful evaluation of potential causes of sleep disturbance. In this case, the nature of the claimant's sleep disorder is not provided. There is no assessment of factors such as sleep onset, maintenance, quality, or next-day functioning. Whether the claimant

has primary or secondary insomnia has not been determined. Therefore, Ambien was not medically necessary.