

Case Number:	CM14-0087964		
Date Assigned:	07/23/2014	Date of Injury:	03/28/2009
Decision Date:	10/01/2014	UR Denial Date:	05/28/2014
Priority:	Standard	Application Received:	06/11/2014

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 and is licensed to practice in Illinois. 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 61-year-old female who reported an injury on 03/28/2009 caused by an unspecified mechanism. The injured worker's treatment history included urine drug screen, medications, MRI, status post left ankle arthroscopy, and chiropractic therapy. The injured worker had a urine drug screen on 10/04/2013 that was positive for Zolpidem and Hydrocodone. Injured worker was evaluated on 04/17/2014, and it was documented the injured worker complained of ongoing pain to the low back and right leg, as well as bilateral upper extremities. The injured worker reported the Vicodin and muscle relaxants help her. The injured worker was obtaining chiropractic therapy which was helping, as well. She reported pain in the neck and bilateral shoulders with burning, aching pain in the left leg. Noted the injured worker was attending chiropractic therapy with benefit and had pain in her left leg from her low back due to prolonged sitting. The injured worker was encouraged to take breaks and help her prolonged sitting by standing up and walking to the water cooler. Medications included Zolpidem, Hydrocodone/APAP. The provider failed to indicate VAS scale measures while injured worker is on medications. The Request for Authorization was not submitted for this review. The rationale was refill the injured worker's medication, including Zolpidem for sleep, as well as Hydrocodone for pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic care; eight (8) visits (2 x4): Upheld

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

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

Decision rationale: The requested is not medically necessary. The California MTUS Guidelines may support up to 18 visits of chiropractic sessions Manual Therapy & Manipulation is recommended for chronic pain if caused by musculoskeletal conditions. Manual Therapy is widely used in the treatment of musculoskeletal pain. The intended goal or effect of Manual Medicine is the achievement of positive symptomatic or objective measurable gains in functional improvement that facilitate progression in the patient's therapeutic exercise program and return to productive activities. Manipulation is manual therapy that moves a joint beyond the physiologic range-of-motion but not beyond the anatomic range-of-motion. The documents submitted stated the injured worker attended chiropractic sessions with functional improvement. There was no long-term goals or home exercise regimen for the injured worker. Given the above, the request for Chiropractic care: eight (8) visits (2X4) is not medically necessary.

Zolpidem 10mg QHS PRN #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 Pain Chapter

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), Zolpidem (Ambien).

Decision rationale: The request for Ambien 10 mg QHS PRN #30 is not medically necessary. The Official Disability Guidelines (ODG) states that Ambien is a prescription short-acting non benzodiazepine hypnotic, which is approved for the short-term (usually two to six weeks) treatment of insomnia. Proper sleep hygiene is critical to the individual with chronic pain and often is hard to obtain. Various medications may provide short-term benefit. While sleeping pills, so-called minor tranquilizers, and anti-anxiety agents are commonly prescribed in chronic pain, pain specialists rarely, if ever, recommend them for long-term use. They can be habit-forming, and they may impair function and memory more than opioid pain relievers. There is also concern that they may increase pain and depression over the long-term. The documentation that was submitted for review lacked evidence on the duration the injured worker has been on Ambien. The guidelines do not recommend Ambien for long-term use. Therefore, the continued use of Ambien is not supported. As such, the request is not medically necessary.

Hydrocodone/APAP 10/325 Q6-8H PRN #60: 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, On-going Management, Page(s): 78.

Decision rationale: The request for Hydrocodone/ACAP 10/325 Q6-8H PRN #60 is not medically necessary. The California MTUS Guidelines recommend the use of opioids for the on-going management of chronic pain. The ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should be evident. The provider failed to indicate long-term functional goals. Therefore, the request is not medically necessary.

Retro: IM Injection of Toradol 2cc (DOS 4/17/14): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) NSAIDs, specific drug list & adverse effects Page.

Decision rationale: Back Pain - Chronic low back pain: Recommended as an option for short-term symptomatic relief. A Cochrane review of the literature on drug relief for low back pain (LBP) suggested that NSAIDs were no more effective than other drugs such as acetaminophen, narcotic analgesics, and muscle relaxants. The review also found that NSAIDs had more adverse effects than placebo and acetaminophen but fewer effects than muscle relaxants and narcotic analgesics. In addition, evidence from the review suggested that no one NSAID, including COX-2 inhibitors, was clearly more effective than another. Therefore this request is not medically necessary.