MAXIMUS Federal Services

Case Number:	CM14-0096532		
Date Assigned:	07/28/2014	Date of Injury:	01/23/2009
Decision Date:	10/02/2014	UR Denial Date:	06/14/2014
Priority:	Standard	Application Received:	06/24/2014

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 is licensed to practice in Texas and Ohio. 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 48-year-old female who reported injury on 01/23/2009 while lifting several jugs, and when lifting 1 jug she had an acute pop in her neck and severe shocking sensation. The injured worker's treatment history included x-ray studies, medications, surgery, and MRI studies/NCV studies. The injured worker had a urine drug screen 01/29/2014 that was positive for opioid usage and Valium. The injured worker was evaluated on 06/16/2014, and it was documented that the injured worker's headaches are 1 of the biggest problems and in 5 out of 7 days it will get to the point where she has left sided pains from the trapezius up through the posterior neck to the eye. Physical examination revealed sensation was difficult to test, but there was decreased sensation of the extensor forearm and hand on the left and particularly in the ulnar forearm and hand including the 4th and 5th digits on the left. Tinel's sign was slightly positive at the left elbow. There was tenderness particularly in the mid and lower lumbar. There was left sacroiliac joint tenderness and the left sciatic notch tenderness. Some decreased sensation in the lateral left leg. There was a question of some decrease in the medial left leg. There was decreased sensation in the anterolateral left thigh and possibly to a lesser degree anterolateral right thigh. Trendelenburg was positive/negative on the right and positive on the left. Diagnoses included chronic cervical pain, multilevel fusions; probable cervicogenic headaches, chronic low back pain post distant L4-5, post more recent removal of hardware, and neural foraminal narrowing, particularly L3-4 left with possible impingement L3 nerve root. Medications included Neurontin 600 mg, Norco, Valium, Ambien, and Zomig for migraines, Depakote and propranolol. The injured worker stated with medications her pain was 6/10 and without 10/10. The Request for Authorization was not submitted for this review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Frova 2.5 mg. # 20: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Merck Manual : Table 6: Drugs for Migraine and Cluster Headaches)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Drugs.com

Decision rationale: The reuquest is not medically necssary. Per Drugs.com Frova should only be used only if a clear diagnosis of migraine has been established. If a patient has no response for the first migraine attack treated with Frova, reconsider the diagnosis of migraine before Frova is administered to treat any subsequent attacks. Frova is not indicated for the prevention of migraine attacks. Safety and effectiveness of Frova have not been established for cluster headache. It was documented that the injured worker the injured worker has headaches, however the injured worker has not been diagnosed with migraine. This medication is used for migraines. Additionally, the request failed to indicate frequency and duration of medication. As such, the request for Frova 2.5 mg # 20 is not medically necessary.

Valium 10 mg. # 90: 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 Benzodiazepines Page(s): 24..

Decision rationale: : The requested is not medically necessary. Per California Medical Treatment Utilization Schedule (MTUS) Guidelines do not recommend Benzodiazepines for long-term use because long-term use because long-term efficacy is unproven and there is a risk of dependence. Most guidelines limit use to 4 weeks. Their range of action includes sedative/hypnotic, anxiolytic, anticonvulsant, and muscle relaxant. Chronic benzodiazepines are the treatment of choice in very few conditions. Tolerance to hypnotic effects develops rapidly. Tolerance to anxiolytic effects occurs within months and long-term use may actually increase anxiety. A more appropriate treatment for anxiety disorder is an antidepressant. Tolerance to anticonvulsant and muscle relaxant effects occurs within weeks. The documents submitted could determine duration of use for the prescribed Valium. Additionally, the request lacked frequency and duration of medication. As such, the request for Valium 10 mg # 90 is not medically necessary.

Norco 10/ 325 mg. # 240: 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 Opioids, criteria for use, Page(s): 78.

Decision rationale: The requested is not medically necessary. The California Medical Treatment Utilization Schedule (MTUS) guidelines state that criteria for use for ongoing-management of opioids include ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. There was lack of evidence of opioid medication management and average pain, intensity of pain, or longevity, of pain relief. In addition, there was lack of outcome measurements of conservative care such as, physical therapy or home exercise regimen or long-term functional goals noted for the injured worker. The request lacked frequency and duration of medication. Given the above, Norco 10/325 mg # 240 is not medically necessary.

Ambien CR 12.5 mg. # 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 (ODG): Pain Chapter: Ambien

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 (AmbienÂ®).

Decision rationale: The request for Ambien CR 12.5 mg # 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. In addition, the request did not include the frequency, or duration for the medication for the injured worker. 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.