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| Case Number: | CM14-0097689 | | |
| Date Assigned: | 07/25/2014 | Date of Injury: | 07/10/2003 |
| Decision Date: | 09/19/2014 | UR Denial Date: | 05/28/2014 |
| Priority: | Standard | Application Received: | 06/20/2014 |

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 Occupational Medicine and is licensed to practice in Iowa. 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:

This patient is a 57 year-old female with a date of injury of 07/10/2003. A review of the medical documentation indicates that the patient is undergoing treatment for occipital neuralgia and bilateral upper extremity pain. Subjective complaints (08/12/14) include cervical spine pain as well as intermittent pain, numbness, and weakness in bilateral hands, right worse than left. Objective findings (08/12/14) include restricted motion in cervical spine and muscle guarding in cervical paraspinal muscles, positive Spurling test, hypersensitivity to pinprick in cervical dermatome, and decreased biceps reflexes. Available documentation shows the patient has undergone prior medication and acupuncture therapy. A utilization review dated 05/27/2014 denied the request for Ativan 1mg with 1 refill, Ambien 5mg with 1 refill, cervical epidural steroid injection at C7-T1, and urine drug screen.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ativan 1mg with 1 refill: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines, page 24, 66 Page(s): page 24, 66.

Decision rationale: According to the MTUS guidelines, benzodiazepines (such as Ativan) are not recommended for long-term use for chronic pain because the long-term efficacy is unproven and there is a risk of dependence. Guidelines recommend limiting use to 4 weeks. Chronic benzodiazepines are the treatment of choice in very few conditions and tolerance to anticonvulsant and muscle relaxant effects occurs within weeks. The treating physician did not provide adequate justification for use of benzodiazepines. The patient appears to have been on the medication for a long period of time, and there is no documented benefit to the medication other than a general improvement in condition, which could be attributable to any number of reasons. The documentation does not provide any extenuating circumstances for continuing the chronic use of benzodiazepines. Therefore, the request for Ativan 1mg with 1 refill is not medically necessary.

Ambien 5mg with 1 refill: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. 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, Pain Chapter, Zolpidem, Insomnia Treatment.

Decision rationale: MTUS does not provide recommendations regarding this topic. Official Disability Guidelines states that "Zolpidem (Ambien) is a prescription, short acting, non-benzodiazepine, and hypnotic. This is approved for short-term treatment of insomnia." The indication for the medication is not described in the medical documentation or listed in the clinical diagnoses. Guidelines recommend teaching and practicing proper sleep hygiene prior to initiation of medication, to include diagnosis of the specific component of insomnia to be addressed. The treating physician has not provided any documentation of discussion of sleep hygiene, diagnosis of the sleep component at issue, response to prior first-line therapies, or the need for sleep medication. The medical documentation is insufficient to justify the use of the medication. Therefore the request for Ambien 5 mg with 1 refill is not medically necessary at this time.

Outpatient cervical ESI(Epidural Steroid Injections) at C7-T1: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Guidelines Epidural steroid injections Page(s): 46.

Decision rationale: According to MTUS chronic pain medical treatment guidelines, epidural steroid injections are recommended as an option for treatment of radicular pain and can provide short term pain relief in conjunction with other rehab efforts, including a home exercise program. The guidelines state the "radiculopathy must be documented by physical examination, corroborated by imaging studies and/or electrodiagnostic testing, and the patient should be

initially unresponsive to conservative treatment." While medical documentation does suggest that some conservative treatments have been unsuccessful in treating the cervical pain, the patient continues to take several of these medications and does not improve with acupuncture. Physical exam shows evidence of radiculopathy, but this is not corroborated by imaging or electrodiagnostic testing. Available documentation only provides results from a hip imaging exam. Also, the treating physician does not provide documentation of other rehab efforts or an ongoing home exercise program, which are recommended to ensure continued improvement. Therefore, the request for Outpatient Cervical Epidural Steroid Injection C7-T1 is not medically necessary at this time.

Urine Drug Screen: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug Testing Page(s): 43.

Decision rationale: According to MTUS, use of urine drug screening for illegal drugs should be considered before a therapeutic trial of opioids is initiated or when drug misuse or abuse is suspected. It can also be used to monitor adherence to prescription medication programs when indicated. The available documentation provides no suspicion of illegal drug use, misuse of medications, or non-adherence to prescription medication regimens. The treating physician has not indicated why a urine drug screen is necessary at this time and has provided no evidence of red flags. Therefore, the request for a urine drug screen is not medically necessary.