

Case Number:	CM14-0214300		
Date Assigned:	02/06/2015	Date of Injury:	05/20/2007
Decision Date:	06/11/2015	UR Denial Date:	12/01/2014
Priority:	Standard	Application Received:	12/22/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: New York

Certification(s)/Specialty: Pediatrics, Internal Medicine

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 53-year-old female, who sustained an industrial injury on 5/20/2007. The diagnoses have included lumbago, myalgia and myositis, thoracic spondylosis without myelopathy, lumbar disc displacement without myelopathy and cervical spondylosis without myelopathy. Treatment to date has included medications, activity modification and physical therapy. Currently, the IW reports lower back, upper back and neck pain. She requested additional treatment and medications. Objective findings included right knee joint pain and tenderness with a positive McMurray's. The lumbar spine was tender with limited range of motion. There was cervical spine tenderness and decreased range of motion. The shoulders revealed signs of impingement. On 12/01/2014, Utilization Review non-certified a request for Norco 10/325mg #120, Dulcolax #30, Lidoderm patches 5% #30, Alprazolam ER 1mg #30, Ambien 10mg #30, 1 weight loss program, 1 TENS unit supplies, 8 sessions physical therapy, and conditionally non-certified 1 orthopedic consultation noting that the clinical information submitted for review fails to meet the evidence based guidelines for the requested service. The MTUS was cited. On 12/22/2014, the injured worker submitted an application for IMR for review of Norco 10/325mg #120, Dulcolax #30, Lidoderm patches 5% #30, Alprazolam ER 1mg #30, Ambien 10mg #30, 1 weight loss program, 1 TENS unit supplies, 8 sessions physical therapy, and 1 orthopedic consultation.

IMR ISSUES, DECISIONS AND RATIONALES

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

120 Norco 10/325mg: 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 Page(s): 78.

Decision rationale: The IW is documented to be on a combination opioid for pain relief. Documentation did not include review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. This request is not medically necessary and reasonable.

30 Dulcolax: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain - Opioid-induced constipation treatment.

Decision rationale: Per ODG guidelines, if prescribing opioids has been determined to be appropriate, then ODG recommends, under Initiating Therapy, that prophylactic treatment of constipation should be initiated. Simple treatments include increasing physical activity, maintaining appropriate hydration by drinking enough water, and advising the patient to follow a proper diet, rich in fiber. These can reduce the chance and severity of opioid-induced constipation and constipation. The IW may have hard stools or constipation due to use of narcotics however there was no notation in the progress notes of those complaints or of a trial of first line methods of treatment. The request is not medically necessary and appropriate.

30 Lidoderm patches 5%: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-112.

Decision rationale: According to MTUS guidelines topical lidocaine is indicated for neuropathic pain. It is recommended for localized peripheral pain after there has been evidence

of a trial of first-line therapy (tri-cyclic or SNRI anti-depressants or an AED such as gabapentin or Lyrica). There is evidence that the IW had been on an SNRI but there was no definitive evidence of neuropathy such as an EMG/NCV. This request is not medically necessary and appropriate.

30 Alprazolam ER 1mg: 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: Benzodiazepines, like alprazolam, are not recommended for 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. This request is not medically necessary and appropriate.

30 Ambien 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 (ODG), Pain (Chronic).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Insomnia Treatment.

Decision rationale: Per ODG, pharmacological agents for insomnia should only be used after careful evaluation of potential causes of sleep disturbance for the etiology. Ambien is indicated for the short-term treatment of insomnia with difficulty of sleep onset (7-10 days). Ambien CR is indicated for treatment of insomnia with difficulty of sleep onset and/or sleep maintenance. There is no discussion of an investigation into the origin of the sleep disturbance and non-pharmacological interventions that may have been utilized. Due to adverse effects, FDA now requires lower doses for zolpidem. The dose of zolpidem for women should be lowered from 10 mg to 5 mg for IR products. This request is not medically necessary.

Weight loss program: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Snow V, Barry P, Fitterman N, Qaseem A,

Weiss K, Pharmacologic and surgical management of obesity in primary care: a clinical practical guideline from the American College of Physicians. Ann Intern Med 2005.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation National Quality Measures Clearinghouse World Gastroenterology Organization global guideline: obesity.

Decision rationale: MTUS and ODG do not mention guidelines for weight loss programs. Per the World Gastroenterology Organization, global guideline on obesity management begins with ensuring optimal care for obese patients and to encourage healthy behavior and self-acceptance, even in the absence of weight loss. Then determine the obesity class; the level of excess weight and assess comorbidities and risk status. Encourage prevention of (further) weight gain and prevent the complications of obesity. Assess the patient's expectations. Evaluation of the patient's readiness including reasons and motivation for weight loss, previous attempts at weight loss, support expected from family and friends, understanding of risks and benefits, attitudes toward physical activity, time availability, potential barriers to the patient's adoption of change and the patient's preferences regarding diet and physical activity. Decide which treatment or combination of treatments is best. Discuss strategies for weight maintenance. Encourage the patient to set realistic goals. Record keeping has been shown to be one of the most successful behavioral techniques for weight loss and maintenance. The patient should record food intake and energy expenditure and keep track of body weight (at least once a week). Use fat-reduced, fiber-enriched diets. Consider adding protein-rich and low glycemic index diets for weight maintenance. Expand physical activity in line with the current fitness level and obesity-associated conditions. There is no documentation in the records if obesity is a concern for the provider concerning the worker's comp claim. There was no discussion of weight management or loss or IW's wishes concerning her weight. This request is not medically necessary.

TENS unit - supplies: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back - TENS (transcutaneous electrical nerve stimulation).

Decision rationale: There is no documentation of the IW using a TENS unit or her response to said device. Without documentation of functional improvement with the TENS unit the supplies would not be needed. Additionally, there was documentation of lack of improvement with the TENS unit and a request for an H-wave unit for pain relief. This request is not medically necessary and appropriate.

8 sessions of physical therapy: Upheld

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

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

Decision rationale: Physical therapy is recommended by MTUS for chronic pain if caused by musculoskeletal conditions. With regards to the low back it is recommended as an option. There are specific guidelines depending on where in the natural course of the illness the IW may be at the time of referral. There is little information regarding previous treatments and possible history of physical therapy, duration and response. The medical necessity of this request is unable to be affirmed. This is not medically necessary.