

Case Number:	CM15-0002543		
Date Assigned:	01/13/2015	Date of Injury:	10/29/2008
Decision Date:	03/18/2015	UR Denial Date:	12/11/2014
Priority:	Standard	Application Received:	01/06/2015

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: California, Hawaii
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 sustained an industrial injury on 10/29/2008. On physician progress reported dated 12/01/2014 she has reported right neck pain that radiated to right shoulder. On examination there was noted tenderness over right C2-3, C3-4, C4-5, C5-6 and C6-7 facet joints. And decreased range of motion was noted. The diagnoses have included status post positive fluoroscopically guided diagnostic right C2-3 and C3-4 facet joint medial branch block, right upper cervical facet joint pain C2-C4, right lower cervical facet joint pain C4-C7, cervical facet joint arthropathy, cervical disc bulge, cervical sprain/strain, cervicogenic headaches, post concussive headaches, post concussive syndrome, and mild traumatic brain injury. Treatment plan included Ambien 10mg #30, Tizanidine 2mg#120, Norco 10/325mg#120, Klonopin 0.5mg #35 and follow up in 4 weeks. On 12/11/2014 Utilization Review non-certified Ambien 10mg #30 and Tizanidine 2mg#120 and modified Norco 10/325mg#120 and Klonopin 0.5mg #35. The CA MTUS, Chronic Pain Medical Treatment Guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ambien 10mg #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

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

Decision rationale: The patient presents with pain affecting the cervical spine. The current request is for Ambien 10mg #30. The treating physician states, this is medically necessary to treat the patient's sleep disturbance secondary to traumatic brain injury and concussion syndrome. The Ambien provides 3 additional hours of sleep for a total of 6-7 hours per night. Without this medication, the patient only gets 3-4 hours of broken sleep per night. (24A) The ODG guidelines state, recommended for short-term (7-10 days) 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. In this case, the treating physician documents that the patient has been on this medication since at least September 2014 (17C) which would exceed the recommended guideline of 7-10 days. The current request is not medically necessary and the recommendation is for denial.

Tizanidine 2mg #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants, Page(s): page(s) 63-66.

Decision rationale: The patient presents with pain affecting the cervical spine. The current request is for Tizanidine 2mg #120. The treating physician states, Provides 50% improvement of her spasm with 50% improvement of her activities of daily living such as self-care, dressing. She is on an up-to-date pain contract and her previous UDS were consistent with no aberrant behaviors. (24A) MTUS supports Tizanidine for low back pain, myofascial pain and for fibromyalgia for short term use. In this case, the treating physician has prescribed this medication since at least September 2014 (16C) and this request would exceed the recommended guidelines. The current request is not medically necessary and the recommendation is for denial.

Norco 10/325mg #120: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96.

Decision rationale: The patient presents with pain affecting the cervical spine. The current request is for Norco 10/325mg #120. The treating physician states, Provides 75% improvement of her pain with 75% improvement of her activities of daily living such as self-care, dressing. She is on an up-to-date pain contract and her previous UDS were consistent with no aberrant behaviors. The patient's pain is 8/10 without the Norco and 2/10 on the visual analog scale with Norco. (24A) The MTUS guidelines state, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4As, as well as "pain assessment." In this case, the treating physician has documented decreased pain with this medication, no side effects or aberrant behaviors, the patient's activities of daily living have improved, and the treating physician has provided a pain assessment. The current request is medically necessary and the recommendation is for authorization.