

Case Number:	CM15-0012741		
Date Assigned:	01/30/2015	Date of Injury:	02/03/2010
Decision Date:	03/27/2015	UR Denial Date:	01/13/2015
Priority:	Standard	Application Received:	01/22/2015

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

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 55-year-old female who reported an injury on 02/03/2010. The mechanism of injury was unspecified. Her diagnoses include C5-6 disc herniation with right sided radiculopathy, L3-4 disc herniation, depression, hypertension, de Quervain's tenosynovitis, ganglion cyst. Past treatments include medication and physical therapy. On 12/19/2014, the injured worker complained of neck and low back pain. The injured worker rated her neck pain at 8/10, and back pain rated 10/10. The injured worker also indicated bilateral wrist and hand pain rated 8/10, with constant numbness and tingling. Her relevant medications included Norco, tramadol, Flexeril, and Ambien. The treatment included discontinuing Norco, with a refill of Ultra, zolpidem, naproxen, and Flexeril. A rationale was not provided. A Request for Authorization form was received on 12/19/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ultram 50mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines On-going management Page(s): 78.

Decision rationale: The request for Ultram is not medically necessary. According to the California MTUS Guidelines, patient's opioid medications should have ongoing monitoring with documentation in regard to pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or nonadherent) drug related behaviors. The injured worker was indicated to have been on Ultram for an unspecified duration of time. However, there was a lack of documentation in regard to objective pain relief, objective functional improvement, evidence of monitoring for side effects, and the occurrence of any potential drug related behaviors, to include a current urine drug screen. In the absence of the above, the request is not supported by the evidence based guidelines. As such, the request is not medically necessary.

Zolpidem 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, Pain Chapter, Insomnia Treatment

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for chronic pain Page(s): 13-16.

Decision rationale: The request for zolpidem 10 mg is not medically necessary. According to the California MTUS Guidelines, antiepileptic drugs are recommended for neuropathic pain. There should also be documentation of a response of at least 30% to 50% in pain relief, improvement in function, and monitoring for side effects. Furthermore, the medication has been indicated for the treatment of diabetic painful neuropathy and postherpetic neuralgia. The injured worker was indicated to have been on zolpidem for an unspecified duration of time. However, there was a lack of documentation in regard to a 30% to 50% reduction in pain, improvement in function, and monitoring for side effects. There was a lack of documentation to indicate the injured worker had painful neuropathy or postherpetic neuralgia. In the absence of the above, the request is not supported by the evidence based guidelines. As such, the request is not medically necessary.

Naproxen 500mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 67-69..

Decision rationale: The request for naproxen 500 mg #60 is not medically necessary. According to the California MTUS Guidelines, NSAIDs are indicated for the treatment of osteoarthritis, including the knee and hip. They are also recommended at the lowest dose for the

shortest period of time. There should also be an initial therapy of acetaminophen prior to prescribing NSAIDs. The injured worker was indicated to have been on Naprosyn for an unspecified duration of time. However, there was a lack of documentation to indicate the injured worker has osteoarthritis or had initial therapy of acetaminophen. Furthermore, the guidelines indicated NSAIDs at the lowest dose for the shortest period of time. Based on the above, the request is not supported per the evidence based guidelines. As such, the request is not medically necessary.

Flexeril 10mg: Upheld

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

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

Decision rationale: The request for Flexeril is not medically necessary. According to the California MTUS Guidelines, muscle relaxants are recommended as a non-sedating form with caution as a second line option for short term treatment of acute exacerbations in patients with chronic low back pain. Furthermore, the guidelines indicate that efficacy appears to diminish over time, and their use may lead to dependence. The injured worker was indicated to have been on Flexeril for an unspecified duration of time. However, there was a lack of documentation to indicate the injured worker had an acute exacerbation with chronic low back pain. Furthermore, the guidelines do not indicate the use of Flexeril, as the efficacy appears to diminish over time and the prolonged use of this medication leads to dependence. Based on the above, the request is not supported by the evidence based guidelines. As such, the request is not medically necessary.