

Case Number:	CM15-0118209		
Date Assigned:	06/26/2015	Date of Injury:	02/18/2005
Decision Date:	09/23/2015	UR Denial Date:	05/21/2015
Priority:	Standard	Application Received:	06/18/2015

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: New York, West Virginia, Pennsylvania
 Certification(s)/Specialty: Emergency 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 51-year-old female, with a reported date of injury of 02/18/2005. The mechanism of injury was cumulative trauma while performing her usual and customary duties. The injured worker's symptoms at the time of the injury included neck pain, and right shoulder pain. The diagnoses include status post anterior cervical discectomy and fusion C4-7 with residual cervical kyphosis, rule out myelopathy, thoracic outlet syndrome on the left shoulder, multilevel foraminal stenosis of the cervical spine, presumed facet syndrome, and rule out incomplete fusion. Treatments and evaluation to date have included oral medications, cervical spine fusion, thoracic outlet syndrome surgery on 07/07/2008, physical therapy, and cortisone injection to the right shoulder, acupuncture therapy for both shoulders, right shoulder surgery on 11/11/2009, topical pain medication, and cervical nerve block injection on 08/02/2011. The diagnostic studies to date have included x-rays of the cervical spine which showed prior cervical fusion at C4-C7, kyphosis within the fusion segment; x-rays of the thoracic spine with normal findings; an MRI of the cervical spine on 04/10/2015 which showed loss of normal cervical lordosis with retrolisthesis of C3 on C4, changes of facet disease on the left at C2-3, C3-4, and more severely on the right at C3-4, narrowing of the central canal, and severe left-sided neural foraminal stenosis at C7-T1; and a CT scan of the cervical spine. The medical report from which the request originates was not included in the medical records provided for review. The progress report dated 12/11/2014 was handwritten and somewhat illegible. The report indicates that the injured worker reported no change in signs and symptoms. She reported no side effects with medications. She rated her pain 9 out of 10. The objective findings include cervical spine

hypoesthesia (reduced sense of touch or sensation) and positive axial compression in the bilateral upper extremities. Norco, Ambien, and MS Contin were listed some of the current medications. The treatment plan indicated that the injured worker's care should be transferred to a pain management specialist. The progress report dated 04/17/2015 indicates that the injured worker had ongoing pain in her neck with radiation into the bilateral shoulders, lateral arms, and arms. She indicated that the pain alternates sometimes on the right, and sometimes on the left. The physical examination of the cervical spine showed a well-healed incision anteriorly on the right side, paraspinal tenderness at C3-C7 bilaterally, upper trapezial tenderness more on the left than on the right, and decreased range of motion. The treating physician requested Percocet 7.6/325mg #90, MS Contin 30mg #90, and Ambien 10mg #30.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective Percocet 7.5/325 mg #90 filled on 3/9/2015 and 4/9/2015: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment, Chronic Pain Treatment Guidelines Opioids Page(s): 78.

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

Decision rationale: The CA MTUS Chronic Pain Guidelines indicate that on-going management for the use of opioids should include the on-going review and documentation of pain relief, functional status, appropriate medication use, and side effects. There is insufficient evidence that the treating physician is prescribing opioids according to the guidelines. The pain assessment should include: current pain, the least reported pain over the period since the last assessment, average pain, and intensity of pain after taking the opioid, how long it takes for pain relief, and how long the pain relief lasts. Ongoing management should reflect four domains of monitoring, including analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behaviors. There is no evidence of significant pain relief or increased function from the opioids used to date. The MTUS recommends urine drug screens for patients with poor pain control and to help manage patients at risk of abuse. However, specific functional goals, random drug testing, and opioid contract were not discussed. Therefore, the request for Percocet is not medically necessary.

Retrospective MS Contin 30 mg #90 filled on 3/9/2015 and 4/9/2015: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47-49, Chronic Pain Treatment Guidelines Opioids.

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

Decision rationale: The CA MTUS Chronic Pain Guidelines indicate that on-going management for the use of opioids should include the on-going review and documentation of pain relief,

functional status, appropriate medication use, and side effects. There is insufficient evidence that the treating physician is prescribing opioids according to the guidelines. The pain assessment should include: current pain, the least reported pain over the period since the last assessment, average pain, and intensity of pain after taking the opioid, how long it takes for pain relief, and how long the pain relief lasts. Ongoing management should reflect four domains of monitoring, including analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behaviors. There is no evidence of significant pain relief or increased function from the opioids used to date. The MTUS recommends urine drug screens for patients with poor pain control and to help manage patients at risk of abuse. However, specific functional goals, random drug testing, and opioid contract were not discussed. Therefore, the request for MS Contin is not medically necessary.

Retrospective Ambien 10 mg #30 filled on 3/9/2015 and 4/9/2015: 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).

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

Decision rationale: The CA MTUS Guidelines is silent on Ambien. The Non-MTUS Official Disability Guidelines indicate, "Zolpidem is a prescription short-acting non-benzodiazepine hypnotic, which is 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." According the guidelines, "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." There is documentation that the injured worker had been taking Ambien for several months, since a request for refill was dated 12/11/2014. The injured worker's use of the medication exceeds the guideline recommendations. Therefore, the request for Ambien is not medically necessary.