

Case Number:	CM15-0118713		
Date Assigned:	06/29/2015	Date of Injury:	08/21/2000
Decision Date:	07/28/2015	UR Denial Date:	05/19/2015
Priority:	Standard	Application Received:	06/19/2015

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: Preventive Medicine, Occupational 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 62 year old female who sustained an industrial injury on 8/21/2000 with current chief complaints of headaches, neck and mid back pain, right shoulder pain, numbness in both hands, low back pain going into the left hip and burning pain in the shins and feet. Diagnoses are spondylosis with myelopathy-lumbar, lumbar sprain/strain, cervical spine strain, right shoulder pain, status post right shoulder arthroscopy-12/3/03, and chronic pain syndrome. In a progress report dated 5/6/15, the secondary treating physician notes pain of the neck, back, right shoulder, right knee, wrists, hands, fingers and bilateral legs and is described as burning, achy, shooting, throbbing, tingling, radiating, numbing, pressure, deep and cramping. Severity is 4-8/10 and is constant and is improved with massage, ice/heat and stretching and worse with standing, lying down and walking. She reports current pain at 5/10 with average pain as 5/10 and the intensity of pain after taking opioids decreases to 4/10 and lasts about 2 hours. Exam of her neck notes decreased painful range of motion. A review of systems notes the following; numbness, headaches, muscle stiffness, muscle weakness, depression, anxiety, stress and insomnia. Work status is that she is not working. Current treatment is physical therapy, Prozac, Nexium 40mg once a day, Ultram ER 300 mg once a day, Savella 50 mg twice a day, Ambien CR 12.5 mg at night, Zanaflex 2 mg 3 times a day (is taking 2-4 tablets everyday), Thermacare neck wraps twice a day, and Lidoderm patches 5%. Plan is to begin weaning of Ambien and Zanaflex in the next few visits, start a trial of Vistaril 25 mg 1-2 tablets each night as needed. A pain management program has been implemented, continue physical therapy, psychiatric consultation for management of psychotropic medication and cognitive behavioral therapy evaluation and four sessions for her chronic pain. She scored 44% on the Oswestry questionnaire. Previous treatment includes electromyogram, 9/20/13, lumbar epidural steroid injection, 8/22/14, MRI of lumbar spine, 5/14/12, orthopedic referral, physical therapy, right

shoulder surgery, 12/3/03, and bilateral carpal tunnel release, 12/3/03. The requested treatment is Thermacare neck wraps, Vistaril 25 mg #60, Nexium 40mg #30.

IMR ISSUES, DECISIONS AND RATIONALES

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

Thermacare neck wraps #60: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 173. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck Chapter/Heat/cold applications.

Decision rationale: Per MTUS guidelines, there is no high-grade scientific evidence to support the effectiveness or ineffectiveness of passive physical modalities such as traction, heat/cold applications, massage, diathermy, cutaneous laser treatment, ultrasound, transcutaneous electrical neurostimulation (TENS) units. Per the ODG, heat and cold applications are recommended. Insufficient testing exists to determine the effectiveness (if any) of heat/cold applications in treating mechanical neck disorders, though due to the relative ease and lack of adverse affects, local applications of cold packs may be applied during first few days of symptoms followed by applications of heat packs to suit patient. In this case, there is no indication that the previous use of thermacare heat wraps have provided pain relieve or increase in function in the injured worker. The request for Thermacare neck wraps #60 is not medically necessary.

Vistaril 25mg #60: 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) Pain Section/Insomnia and Other Medical Treatment Guidelines <http://www.medicinenet.com/hydroxyzine>.

Decision rationale: The MTUS Guidelines do not address the use of Hydroxyzine (Atarax). Per the Official Disability Guidelines, pharmacological agents should only be used for insomnia management after careful evaluation of potential causes of sleep disturbance. Failure of sleep disturbance to resolve in a 7 to 10 day period may indicate a psychiatric and/or medical illness. Primary insomnia is generally addressed pharmacologically whereas secondary insomnia may be treated with pharmacological and/or psychological measures. Per manufacturer's information Hydroxyzine is indicated for the symptomatic relief of anxiety and tension associated with psychoneurosis and as an adjunct in organic disease states in which anxiety is manifested. Also useful in the management of histamine mediated pruritus from allergic conditions such as chronic urticaria, atopic and contact dermatoses. In addition, Atarax is useful as a sedative when used as premedication and following general anesthesia. The patient's medical records do not address the timeline of the insomnia or evaluation for the causes of the insomnia. The medical records do not indicate the use of non-pharmacological modalities such as cognitive behavioral therapy or

addressing sleep hygiene practices prior to utilizing a pharmacological sleep aid. The request for Vistaril 25mg #60 is not medically necessary.

Nexium 40mg #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms & Cardiovascular Risk Section Page(s): 68, 69.

Decision rationale: The MTUS Guidelines recommend the use of a proton pump inhibitor (PPI) such as Nexium in patients that are at intermediate risk or a gastrointestinal event, and the injured worker is not currently prescribed NSAIDs. There is no indication that the injured worker is at increased risk of gastrointestinal events. The request for Nexium 40mg #30 is not medically necessary.