

Case Number:	CM15-0119389		
Date Assigned:	06/29/2015	Date of Injury:	04/23/2012
Decision Date:	08/28/2015	UR Denial Date:	06/04/2015
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: 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 43 year old female, who sustained an industrial injury on April 23, 2012. She reported feeling major pain in her neck, back, and arms due to an accumulation of pain. The injured worker was diagnosed as having herniated nucleus pulposus (HNP) of the cervical spine, status post right shoulder surgery, status post right elbow cubital tunnel release, and herniated nucleus pulposus (HNP) of the lumbar spine. Treatment to date has included right elbow surgery, right shoulder surgery, physical therapy, x-rays, electrodiagnostic study, MRI, and medication. Currently, the injured worker complains of off and on aching, dull and sharp neck pain that radiates to the right shoulder, constant dull, sharp pain in the right shoulder that radiates down to the elbow, forearm, and wrist, and off and on stabbing pain in the low back that radiates down the buttocks and the left leg, with muscle spasms at night and constant left elbow pain. The Primary Treating Physician's report dated November 03, 2014, noted the injured worker reported her neck pain as an 8, her right shoulder pain as a 9, and her low back pain as a 9, on a scale on 1 to 10. The injured worker was noted to have not worked since her injury. The injured worker's current medications were listed as Vicodin, Naprosyn, Flexeril, and Ambien. Physical examination was noted to show tenderness to palpation in the cervical paraspinals, trapezius, and right shoulder. The left lower lumbar spine was noted to have tenderness to palpation. The treatment plan was noted to include a request for authorization for a neoprene sleeve, and prescriptions for Vicodin, Ambien, Flexeril, and Naprosyn.

IMR ISSUES, DECISIONS AND RATIONALES

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

Vicodin 5/300 mg #100 per 5/6/15 order: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opioids Page(s): 78-80, 91, 124.

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

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines notes that ongoing management of opioid therapy should include the lowest possible dose prescribed to improve pain and function, and ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. On-going management should include ongoing 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, the intensity of pain after taking the opioid, how long it takes for pain relief and how long the pain lasts. Satisfactory response to treatment may be indicated by the injured worker's decreased pain, increased level of function, or improved quality of life. The guidelines note to continue opioids when the injured worker has returned to work, and if the injured worker has improved functioning and pain. The injured worker was noted to have been on Flexeril on November 03, 2014 from a prior physician. There are no visit notes between November 2014 and the date of request, May 6, 2015. Per the current note the IW was actively taking the medication. There was further documentation of objective, measurable improvement in the injured worker's pain, function or quality of life with use of the Vicodin. Therefore, based on the MTUS guidelines, the documentation provided did not support the request for Vicodin 5/300 mg #100 per 5/6/15 order and therefore is not medically necessary.

Ambien 5 mg #30 per 5/6/15 order: 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, insomnia treatment.

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

Decision rationale: The MTUS is silent regarding Ambien. The Official Disability Guidelines (ODG) notes that Zolpidem (Ambien) is a prescription short-acting non-benzodiazepine hypnotic, which is recommended for short-term (7-10 days) treatment of insomnia. Pain specialists rarely, if ever, recommend sleeping pills, so-called minor tranquilizers, and anti-anxiety agents for long-term use, as they may be habit-forming, and may impair function and memory more than opioid pain relievers, and concern that they may increase pain and depression over the long-term. The guidelines note that Zolpidem is linked to a sharp increase in ED visits, so it should be used safely for only a short period of time. The injured worker reported her sleep

was mildly disturbed with one to two hours of sleeplessness. The injured worker was noted to have been on Ambien on November 03, 2014 from a prior physician. There are no visit notes between November 2014 and the date of request, May 6, 2015. Per the current note the IW was actively taking the medication. The documentation provided failed to include documentation of objective, measurable improvement in the injured worker's sleep with the use of the Ambien. As Ambien is not recommended for long term use and without documentation to support that the use of Ambien improved the injured worker's sleep pattern, the request for Ambien 5 mg #30 per 5/6/15 order is not medically necessary based on the Official Disability Guidelines (ODG) guidelines and the documentation provided.

Flexeril 10 mg #90 per 5/6/15 order: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines muscle relaxants Page(s): 63-64.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants, Cyclobenzaprine (Flexeril) Page(s): 41, 63, 64.

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines notes all chronic pain therapies are focused on the goal of functional restoration rather than merely the elimination of pain, and assessment of treatment efficacy is accomplished by reporting functional improvement. The guidelines recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic low back pain. Muscle relaxants may be effective in reducing pain and muscle tension, and increasing mobility, however, in most low back pain cases, they show no benefit beyond NSAIDs in pain and overall improvement. Also there is no additional benefit shown in combination with NSAIDs. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. Despite their popularity, skeletal muscle relaxants should not be the primary drug class of choice for musculoskeletal conditions. Muscle relaxants are a broad range of medications that are generally divided into antispasmodics, antispasticity drugs, and drugs with both actions. Antispasmodics are noted to be used to decrease muscle spasm in conditions such as low back pain although it appears that these medications are often used for the treatment of musculoskeletal conditions whether spasm is present or not. Cyclobenzaprine (Flexeril) is recommended for a short course of therapy. Limited, mixed-evidence does not allow for a recommendation for chronic use, recommended to be used no longer than two to three weeks. The injured worker was noted to have been on Flexeril on November 03, 2014 from a prior physician. There are no visit notes between November 2014 and the date of request, May 6, 2015. Per the current note the IW was actively taking the medication. The documentation provided failed to include documentation of objective, measurable improvements in the injured worker's pain, muscle tension, or mobility with the use of the Flexeril. Therefore, based on the MTUS guidelines, the documentation provided did not support the request for Flexeril 10 mg #90 per 5/6/15 order and therefore is not medically necessary.