MAXIMUS Federal Services

Case Number:	CM15-0123704		
Date Assigned:	07/08/2015	Date of Injury:	12/09/2008
Decision Date:	08/07/2015	UR Denial Date:	05/27/2015
Priority:	Standard	Application Received:	06/26/2015

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: Neurological Surgery

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 50 year old female, who sustained an industrial injury on December 9, 2008. She reported bilateral hand and knee pain, left wrist, left elbow and left shoulder pain after slipping in some gel leaking from a patient's seat cushion and falling forward. The injured worker was diagnosed as having Complex regional pain syndrome of the upper extremity, other pain disorders related to psychological factors, occipital neuralgia, tenosynovitis of the wrist, lumbar spine radiculopathy, hemarthrosis of the lower leg, cervical radiculopathy, closed fracture of the anatomical neck of the humerous, fibromyalgia/myositis, partial tear of the rotator cuff, carpal tunnel syndrome, rotator cuff surgery times 2 on the left shoulder, left carpal tunnel surgery, left hand closed reduction and status post spinal cord stimulator placement. Treatment to date has included diagnostic studies, spinal cord stimulator (SCS) placement, surgical intervention of the left shoulder and left wrist, conservative care, physical therapy, acupuncture, epidural steroid injections, medications and work restrictions. Currently, the injured worker complains of left hand pain, neck pain, mid back pain, low back pain and lower extremity pain with associated sleep difficulties and migraine headaches. The injured worker reported an industrial injury in 2008, resulting in the above noted pain. She was treated conservatively and surgically without complete resolution of the pain. Evaluation on December 10, 2014, revealed continued pain as noted. It was reported she had tried physical therapy and acupuncture however, the efficacy of these treatments was not indicated. She reported Ambien was not helpful in increasing sleep quality. Evaluation on February 19, 2015, revealed continued pain as noted. She rated her pain at 6 on a 1-10 scale with 10 being the worst after the SCS trial period had ended.

She noted great improvement with the SCS. It was noted she reduced her pain medications during the trial phase of the SCS by 50% and was able to have better sleep quality. Evaluation on April 17, 2015, revealed continued pain. She was noted to have well healed incisions from recent spinal cord stimulator placement. She noted an 80-90% improvement in lower body pain after the SCS was placed. She rated her pain at a constant 3/10, at worst 8/10 and at the moment 4/10 with 10 being the worst. She noted mainly low back pain and upper body pain at this time and requested a SCS for the upper body. Evaluation on June 15, 2015, revealed medications helped to improve her functional ability. It was noted there were no significant changes from the previous visit. Her pain was rated at 8 on a 1-10 scale with 10 being the worst. She was noted to be permanent and stationary. Urinary drug screen was noted as consistent with expectations. Ambien 10mg #30, Soma 350mg #90, Xanax 1mg #60 and an upper body spinal cord stimulator trial x 2 peripheral leads (including pre op history and clearance, labs, EKG, chest x ray) were requested.

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.

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

Decision rationale: Zolpidem (Ambien) has been associated with a threefold risk of early death according to the ODG guidelines. It is only recommended for a short course 7-10 days for difficulty with sleep onset. The guidelines also note that the recommended dose for women should be lowered. The requested treatment: Ambien 10mg #30 is NOT medically necessary and appropriate.

Soma 350mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 29, 65. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 29.

Decision rationale: The California MTUS guidelines do not recommend carisoprol for longer than 2-3 weeks. They note the side effects of psychological and physical dependence and withdrawal with acute discontinuation. Documentation does not include counseling about these problems. Carisoprol 350 mg 90 is not medically necessary and appropriate.

Xanax 1mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 24. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24.

Decision rationale: The California MTUS guidelines do not recommend benzodiazepines for long-term use because long-term efficacy is unproven. They note there is a risk of dependency. They recommend the use of an antidepressant. The requested Treatment: Xanax 1mg #60 is NOT medically necessary and appropriate.

Upper body spinal cord stimulator trial x 2 peripheral leads (including pre op history and clearance, labs, EKG, chest x ray): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Psychological evaluations; spinal cord stimulators Page(s): 101, 06-07.

Decision rationale: The California MTUS guidelines recommend psychological evaluation before implantation of stimulators. This has not been accomplished according to the documentation. The requested treatment of upper body spinal cord stimulator trial x 2 peripheral leads is thus not medically necessary and appropriate. Since the requested treatment of upper body spinal cord stimulator trial x 2 peripheral leads is not medically necessary and appropriate, then the requested pre-op history and clearance, labs, EKG, and chest x-ray NOT medically necessary and appropriate.