

Case Number:	CM15-0127906		
Date Assigned:	07/14/2015	Date of Injury:	11/01/1998
Decision Date:	09/15/2015	UR Denial Date:	06/22/2015
Priority:	Standard	Application Received:	07/02/2015

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 11/01/1998. The mechanism of injury was not noted. The injured worker was diagnosed as having discogenic neck pain and myofascial neck pain. Treatment to date has included diagnostics and medications. Currently (6/12/2015), the injured worker complains of pain in her neck, shoulders, and posterior head. Her pain was rated 4/10 with medication use and 10/10 without. It was documented that any agreed upon further weaning of opioid medication would not be followed through with. Current medication use allowed her to do housework, bills, and banking. Physical exam noted an antalgic gait due to right sided stiffness, functional range of motion, 5/5 strength to her upper extremities, and tenderness to palpation in the cervical spinous processes and myofascial tissue of the cervical region. It was documented that she was unable to tolerate Cymbalta because it made her feel "out of it". Gastrointestinal symptoms were not documented. Sleep pattern was not noted. The treatment plan included continued Tylenol #3, discontinue Soma and replace with Tizanidine, continue Ambien, continue Provigil, and continue Prevacid. She was not working. Urine toxicology was submitted from 4/17/2015. An accurate duration of use for the medications could not be determined, but was noted since at least 4/2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tylenol #3 quantity 120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 35.

Decision rationale: The Chronic Pain Medical Treatment Guidelines state that codeine is recommended as an option for mild to moderate pain. Codeine is a schedule C-II controlled substance. It is similar to morphine. 60 mg of codeine is similar in potency to 600 mg of acetaminophen. It is used as a single agent or in combination with acetaminophen (Tylenol with Codeine) and other products for treatment of mild to moderate pain. The examination findings provided no objective or quantitative measure of pain to determine severity. A previous utilization review decision provided the patient with sufficient quantity of medication to be weaned slowly. Tylenol #3 quantity 120 is not medically necessary.

Tizanidine 2mg quantity 90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants (for pain).

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

Decision rationale: Tizanidine is a drug that is used as a muscle relaxant. The MTUS states that muscle relaxants are recommended with caution only on a short-term basis. The patient has been taking the muscle relaxant for an extended period of time. A previous utilization review decision provided the patient with sufficient quantity of medication to be weaned slowly. Tizanidine 2mg quantity 90 is not medically necessary.

Ambien 10mg quantity 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, Ambien.

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

Decision rationale: The Official Disability Guidelines do not recommend the use of sleeping pills for long-term use. While sleeping pills, so-called minor tranquilizers, and anti-anxiety agents are commonly prescribed in chronic pain, pain specialists rarely, if ever, recommend them for long-term use. 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. The patient has been taking Ambien for longer than the 2-6 week period recommended by the ODG. Ambien 10mg is not medically necessary.

Prevacid 30mg quantity 60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Non Steroidal Anti Inflammatory Drugs.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68.

Decision rationale: According to the Chronic Pain Medical Treatment Guidelines, prior to starting the patient on a proton pump inhibitor, physicians are asked to evaluate the patient and to determine if the patient is at risk for gastrointestinal events. Criteria used are: (1) age > 65 years; (2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of ASA, corticosteroids, and/or an anticoagulant; or (4) high dose/multiple NSAID. There is no documentation that the patient has any of the risk factors needed to recommend the proton pump inhibitor Prevacid. Prevacid 30mg quantity 60 is not medically necessary.

Provigil 200mg quantity 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, Provigil.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Modafinil (Provigil®) Pain (Chronic).

Decision rationale: Not recommended solely to counteract sedation effects of narcotics until after first considering reducing excessive narcotic prescribing. Use with caution as indicated below. Indications: Provigil is indicated to improve wakefulness in adult patients with excessive sleepiness associated with narcolepsy, obstructive sleep apnea, and shift work sleep disorder. This patient does not have diagnoses supporting any of the above indications. A previous utilization review decision provided the patient with sufficient quantity of medication to be weaned slowly. Provigil 200mg quantity 30 is not medically necessary.