MAXIMUS Federal Services

Case Number:	CM15-0172714		
Date Assigned:	09/14/2015	Date of Injury:	05/22/1998
Decision Date:	11/02/2015	UR Denial Date:	08/12/2015
Priority:	Standard	Application Received:	09/01/2015

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 66 year old female, who sustained an industrial injury on 05-22-1998. A review of the medical records indicates that the injured worker (IW) is undergoing treatment for ongoing cervical spine disc bulge, thoracic outlet syndrome, and bilateral carpal tunnel syndrome. Medical records (11-14-2014 to 05-27-2015) indicate ongoing symptoms in the right neck, shoulders, arms, hands and fingers. Records also indicate improving pain and activity tolerance after undergoing a right pectoralis tendon release on 03-17-2015. A clinical note dated 05-19-2014 reported a pain level of 7 out of 10; however, this was the only pain rating found in the clinical notes. Per the medical records indicate that the IW has not returned to work. The physical therapy encounters, dated 04-27-2015 and 05-27-2015, revealed improved neurovascular symptoms and improved typing tolerance. Relevant treatments have included thoracic outlet syndrome surgery, bilateral carpal tunnel release, physical therapy (PT), work restrictions, and pain medications (Norco since at least 2002). There were no diagnostic testing results available for review. The request for authorization for the listed service and medications was not available for review; however, the utilization review letter shows that the following medications and testing were requested: Retrospective Ambien 10mg #30 times 3, retrospective Tramadol 50mg #120, retrospective Baclofen 10mg #90 times 6, and a retrospective drug screen. The original utilization review (08-12-2015) denied: the request for Ambien 10mg #30 times 3 based on the lack of documentation regarding the IW's sleep deficits and review of sleep hygiene; Tramadol 50mg #120 based on the lack of documented pain levels, recommended monitoring of effects and evidence of ongoing reduction in pain and improved functional improvement; Baclofen 10mg #90 times 6 based on the lack of documented muscle spasms and the non-recommended long-term use; and the drug screening based on the absence of a documented date for the plan to initiate opioid therapy, the absences of current medication therapy to support this test, and the absence of risk factors.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective Ambien 10mg #30 times 3: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines - Treatment for Workers' Compensation (ODG-TWC) Pain Procedure Summary Online Version last updated 07/15/2015; Mosby's Drug Consult.

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. Retrospective Ambien 10mg #30 times 3 is not medically necessary.

Retrospective Tramadol 50mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids for chronic pain.

Decision rationale: The Chronic Pain Medical Treatment Guidelines state that continued or long-term use of opioids should be based on documented pain relief and functional improvement or improved quality of life. Tramadol is a centrally acting synthetic opioid analgesic and it is not recommended as a first-line oral analgesic. Despite the long-term use of Tramadol, the patient has reported very little, if any, functional improvement or pain relief over the course of the last 6 months. This patient has also been taking Norco since at least as far back as 2002 without evidence of significant functional improvement. Retrospective Tramadol 50mg #120 is not medically necessary.

Retrospective Baclofen 10mg #90 times 6: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation ODG-TWC Pain Procedure Summary Online Version last updated 07/15/2015.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Muscle relaxants (for pain).

Decision rationale: The MTUS states that muscle relaxants are recommended with caution only on a short-term basis. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. The patient has been taking the muscle relaxant for an extended period of time far longer than the short-term course recommended by the MTUS. Retrospective Baclofen 10mg #90 times 6 is not medically necessary.

Retrospective Drug Screen: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation ODG-TWC Pain Procedure Summary Online Version last updated 07/15/2015.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Drug testing.

Decision rationale: The MTUS recommends using a urine drug screen to assess for the use or the presence of illegal drugs, a step to take before a therapeutic trial of opioids, to aid in the ongoing management of opioids, or to detect dependence and addiction. There is no documentation in the medical record that a urine drug screen was to be used for any of the above indications. Retrospective Drug Screen is not medically necessary.