

Case Number:	CM15-0178159		
Date Assigned:	09/28/2015	Date of Injury:	05/09/2001
Decision Date:	11/10/2015	UR Denial Date:	08/28/2015
Priority:	Standard	Application Received:	09/10/2015

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, North Carolina
 Certification(s)/Specialty: Family Practice

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 63 year old female who sustained an industrial injury on 05-09-2001. The injured worker was diagnosed with cervical sprain, lumbosacral degenerative disc disease and lumbar spondylolisthesis. The injured worker is status post anterior partial corpectomy and fusion L4-5 and L5-S1 followed by decompression left L4-5 and posterior spinal fusion, removal of hardware and exploration of fusion in 2010, open decompression of the right shoulder in 2003 and open decompression of the left shoulder in 2004. According to the treating physician's progress report on 07-01-2015 and 08-05-2015, the injured worker continues to experience low back radiating to the bilateral lower extremities and neck and bilateral upper extremity pain. Examination of the cervical spine demonstrated posterior cervical tenderness, muscle spasm and painful range of motion documented at extension 15 degrees, and bilateral rotation at 45 degrees. Motor and sensory were grossly intact. The lumbar spine examination noted difficulty walking, changing positions and getting onto the examination table. Range of motion was restricted and guarded with pain on motion. Muscle spasm was noted. Sensation was decreased bilaterally in the L3 and L4 distribution. The injured worker had an antalgic gait. Reverse straight leg raise were positive bilaterally. Recent diagnostic studies included recent cervical spine magnetic resonance imaging (MRI) on 07-13-2015 showing 3mm disc protrusion at C5-6 with moderate discogenic disease as reported in the progress notes of 08-05-2015 and Nerve Conduction Velocity (NCV) study dated 08-05-2015 noted mild bilateral C6 sensory radiculopathy. Prior treatments included surgery, left sacroiliac (SI) joint selective nerve block on 04-27-2015 with 75% reduction in pain and pending radiofrequency ablation and medications. Current medications were listed as Vicodin (since at least 02-2105), Soma,

Ambien, medications were listed as Vicodin (since at least 02-2105), Soma, Ambien, Wellbutrin XL, Imitrex, Lidoderm patches and Nexium. Urine drug screenings were reported as consistent. Treatment plan consists of pain management closer to home and on 08-05-2015 the provider requested authorization for Ambien Cr 12.5mg # 30 with 2 refills, Vicodin 7.5mg-300mg # 120 and ThermaCare #30 with 2 refills. On 08-28-2015, the Utilization Review determined the request for ThermaCare #30 with 2 refills was not medically necessary. Ambien Cr 12.5mg # 30 with 2 refills and Vicodin 7.5mg-300mg # 120 was not certified with the recommendation for weaning and one month supply allowed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ambien CR 12.5 MG #30 with 2 Refills: 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).

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

Decision rationale: CA MTUS Guidelines do not specifically address Ambien (Zolpidem). ODG states that Zolpidem is a short-acting non-benzodiazepine hypnotic, approved for short-term treatment of insomnia (usually 2-6 weeks). It is not indicated for long-term use. For females, the immediate release dosage is 5 mg, and the extended release dosage is 6.25 mg. This 63 year-old female has been prescribed 12.5 mg, which exceeds the guidelines. There is a significant incidence of memory loss and other impairment with the use of Zolpidem, especially with high doses. Therefore, the request is not medically necessary or appropriate.

Vicodin 7.5/300 MG #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: CA MTUS Guidelines recommend the long-term use of opioids when the patient has returned to work and experiences pain relief and functional improvement. In this case, there is no documentation of significant pain relief or functional improvement to support long-term use. The patient's injury was in 2001 and she continues to complain of neck and low back pain. She continues to take Vicodin 7.5 mg four times daily. Weaning from this medication has been recommended in a prior review. Therefore, the request is not medically necessary or appropriate.

ThermaCare #30 with 2 Refills: 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): Topical Analgesics.

Decision rationale: CA MTUS Guidelines states that topical analgesics are largely experimental in use with few randomized controlled trials to determine safety or efficacy. Most of these agents have little if any scientific evidence that they are efficacious. In this case, the request is for ThermaCare, an over-the-counter preparation that generates topical heat. The mechanism of action is oxidation of iron powder contained in the patches when exposed to the air. There are no scientific studies supporting the use or demonstrating the therapeutic efficacy of ThermaCare. Therefore the request is not medically necessary or appropriate.