MAXIMUS Federal Services

Case Number:	CM15-0033744		
Date Assigned:	03/27/2015	Date of Injury:	10/06/1998
Decision Date:	05/14/2015	UR Denial Date:	01/23/2015
Priority:	Standard	Application Received:	02/23/2015

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: Physical Medicine & Rehabilitation

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 reported an injury on 05/05/1995 due to a slip and fall, 07/01/1998 due to a bomb scare with left sided contusion and concussion, and status post loss of grip strength in left hand resulting with the dropping of files on 10/06/1998. The injured worker's diagnoses included chronic neck pain, spinal instability, spino-thalamic pain syndrome, chronic back pain, and depression. The injured worker underwent multiple surgical interventions and conservative treatments. The injured worker was evaluated on 12/04/2014. Medications included gabapentin, Fioricet, Wellbutrin, Klonopin, Zantac, Provigil, Prevacid, Zolpidem, and Lorazepam. It was noted that the injured worker complained of insomnia due to chronic pain and increased feelings of vertigo. Objective findings included left hand C8 with intrinsic atrophy, and decreased triceps strength consistent with the right C6 dermatomal distribution. The injured worker also had a positive Tinel's and Phalen's sign with a decreased range of motion of the left shoulder and an abnormal ESS score of 10/20. It was noted that the injured worker had undergone an EMG/NCS 03/11/2014 that documented moderate bilateral carpal tunnel syndrome. The injured worker's treatment plan included a refill of medications, physical therapy, bilateral carpal tunnel syndrome splints, a neurosurgery consult, an ergonomic chair and workstation, Botox injections for cervical dystonia, psychotherapy, a gym membership, home assistance for activities of daily living, acupuncture, a TENS unit, and an epidural steroid injection. A request for authorization was submitted on 12/04/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Zantac: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms & cardiovascular risk.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68.

Decision rationale: The requested that Zantac is not medically necessary or appropriate. California Medical Treatment Utilization Schedule recommends gastrointestinal events related to medication usage be treated with proton pump inhibitors. The clinical documentation submitted for review does not adequately address the injured worker's gastrointestinal system to support they are at risk for developing gastrointestinal events related to medication usage. An appeal letter dated 03/02/2015 did not address this medication. Furthermore, the request as it is submitted does not specifically identify a dosage or frequency. In the absence of the information the appropriateness of the requested itself cannot be determined. As such the request is not medically necessary or appropriate.

Zolpidem 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 (ODG); Integrated treatment/Disability Duration Guidelines, Stress & Mental Illness Chapter.

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, Zolpidem.

Decision rationale: The requested Zolpidem is not medically necessary or appropriate. The clinical documentation submitted for review does not indicate the amount of time the injured worker has been on this medication. California Medical Treatment Utilization Schedule does not address this medication. Official Disability Guidelines recommend this medication for short durations of treatments to assist with re-establishing sleep patterns related to chronic pain. The clinical documentation submitted for review does not adequately address the injured worker's sleep patterns and the response to treatment with this medication. Furthermore, the letter of appeal dated 03/02/2015 does not address this medication. Moreover, the request as it is submitted does not indicate a frequency of treatment. In the absence of this information the appropriateness of the request itself cannot be determined. As such the request is not medically necessary or appropriate.

Provigil: 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 Chapter.

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, Provigil.

Decision rationale: The requested Provigil is not medically necessary or appropriate. California Medical Treatment Utilization Schedule does not address this medication. Official Disability Guidelines do not recommend use of this medication to assist with side effects related to medication usage. A letter of appeal dated 03/02/2015 indicates that the injured worker's insomnia is unrelated to sedation effects of medications and the injured worker has symptoms of excessive sleepiness that would respond to this medication. However, the request as it is submitted does not clearly identify frequency of treatment. In the absence of this information the appropriateness of the request itself cannot be determined. As such the request is not medically necessary or appropriate.

Gabapentin 300mg: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy Drugs (AEDs) Page(s): 16.

Decision rationale: The requested gabapentin is not medically necessary or appropriate. California Medical Treatment Utilization Schedule does recommend the use of antiepileptics to assist in the management of chronic pain. The clinical documentation submitted for review does not identify the length of time the injured worker has been using this medication. The clinical documentation does not provide an adequate response to treatment to support continued use of this medication. A letter of appeal dated 03/02/2015 indicated that the injured worker had reported improvements with gabapentin and the injured worker had been taking this medication since 11/28/2006. It was documented that the injured worker had reported severity of pain calculated at 6.5/10. However, the request as it is submitted does not clearly identify a quantity. In the absence of this information the appropriateness of the request itself cannot be determined. As such the request is not medically necessary or appropriate.

Balance Treatment: 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) Head Chapter, Vestibular PT rehabilitation.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Head Chapter, Vestibular Training.

Decision rationale: A request for balance treatment is not medically necessary or appropriate. California Medical Treatment Utilization Schedule does not address this request. Official Disability Guidelines recommends vestibular training for patients who have a diagnoses consistent with balance issues. The clinical document submitted for review does indicate that the injured worker has had multiple episodes of disequilibrium. A letter of appeal dated 03/02/2015 does indicate that the injured worker would benefit from therapy to avoid falls and that the injured worker has an unstable spine condition that could catastrophic in combination with a fall. However, the request as it is submitted does not specifically identify a duration of treatment. In the absence of this information the appropriateness of the request itself cannot be determined. As such the request is not medically necessary or appropriate.

Fioricet: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Barbiturate-Containing Analgesic Agents (BCAs) Page(s): 23.

Decision rationale: The requested Fioricet is not medically necessary or appropriate. California Medical Treatment Utilization Schedule does not support the use of this medication for chronic pain due to a high potential to drug dependence from medication overuse. The clinical documentation submitted for review does indicate that the injured worker does suffer from persistent headaches. However, there is no indication how long the injured worker has been treated with this medication. Furthermore, there is no indication that the injured worker receives any benefit from the use of this medication. The letter of appeal dated 03/02/2015 does not address this medication. Moreover the request as it is submitted does not specifically identify dosage or quantity or frequency of treatment. In the absence of this information the appropriateness of the request itself cannot be determined. As such the request is not medically necessary or appropriate.

Ultram: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for Use, Criteria for Use of Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, On-Going Management Page(s): 78.

Decision rationale: The requested Ultram is not medically necessary or appropriate. California Medical Treatment Utilization Schedule recommends the ongoing usage of opioids in the management of chronic pain be supported by documented functional benefit, manage side effects, a pain assessment, and evidence that the injured worker is monitored for compliance.

The clinical documentation submitted for review does not provide any indication that the injured worker is monitored for compliance. Additionally there is no indication of how long the injured worker has been taking this medication. There is documented pain assessment highlighting significant pain relief and functional benefit from the use of the medication. The letter of appeal dated 03/02/2015 does not address the use of the medication. Furthermore, the request as it is submitted does not provide a dosage, quantity or frequency of treatment. In the absence of this information the appropriateness of the request itself cannot be determined. As such the request is not medically necessary or appropriate.

Botox: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Botulinum Toxin (Botox; Myobloc) Page(s): 25.

Decision rationale: The requested for Botox is not medically necessary or appropriate. California Medical Treatment Utilization Schedule does recommend the use of Botox injections to assist with restoration of range of motion for cervical dystonia. The clinical documentation does indicate that the request is to treat cervical dystonia for this injured worker. However, the injured worker's most recent clinical evaluation does not provide an adequate assessment of the injured worker's cervical spine or musculature to support the need for this treatment. The letter of appeal dated 03/02/2015 does not address this request. Furthermore, the request as it is submitted does clearly identify the administrative modality, the body part, or dosage. In the absence of this information the appropriateness of the request itself cannot be determined. As such the request is not medically necessary or appropriate.

TENS: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS, Chronic Pain (Transcutaneous Electrical Nerve Stimulation).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tens Unit Page(s): 112.

Decision rationale: The request for a TENS unit is not medically necessary or appropriate. California Medical Treatment Utilization Schedule does support the use of a TENS unit after a 30 day trial produces functional benefit and pain relief in conjunction with an active therapy program. The clinical documentation submitted for review does indicate that there is concurrent request for active therapy programs. However, there is no indication that the injured worker has undergone a 30-day trial with functional benefit and pain relief. The letter of appeal dated 03/02/2015 does not address this request. Furthermore the request as it is submitted does not clearly identify a body part or duration of treatment. In the absence of this information the appropriateness of the request itself cannot be determined. As such the request is not medically necessary or appropriate.

Epidural Steroid Injection: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injection (ESIs) Page(s): 46.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections Page(s): 46.

Decision rationale: The requested epidural steroid injection is not medically necessary or appropriate. California Medical Treatment Utilization Schedule recommends epidural steroid injection for patients who have radicular symptoms consistent with pathology identified on an imaging study that have failed to respond to conservative treatment. The clinical documentation submitted for review does indicate that the injured worker does have radicular symptoms. The letter of appeal dated 03/02/2015 indicated that the injured worker underwent an EMG/NCV 03/11/2014 that documented moderate bilateral carpal tunnel syndrome and left C8 radiculopathy. However, the clinical documentation fails to identify the injured worker's response to previous treatment. Furthermore, the request as it is submitted does not clearly identify a requested level or laterality. In the absence of this information the appropriateness of the request itself cannot be determined. As such the request is not medically necessary or appropriate.

Wellbutrin XL 300mg: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for Chronic Pain Page(s): 13.

Decision rationale: The requested Wellbutrin XL is not medically necessary or appropriate. California Medical Treatment Utilization Schedule does recommend the use of antidepressants to assist in the management of chronic pain. The letter of appeal dated 03/02/2015 indicated that the injured worker had been taking this medication since at least 03/30/2004 and that the injured worker was evaluated on 01/14/2015 were it was documented that her pain was an 8/10 and that the injured worker's progressive neurological condition had been effectively managed with this medication. However, the request as it is submitted does not provide a quantity. In the absence of this information the appropriateness of the request itself cannot be determined. As such the request is not medically necessary or appropriate.

Psychotherapy: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Guidelines, Chapter 7 Independent Medical Evaluations and Consultation regarding referrals.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Behavioral Interventions Page(s): 23.

Decision rationale: The requested psychotherapy is not medically necessary or appropriate. California Medical Treatment Utilization Schedule does recommend the use of psychotherapy to assist in the management in chronic pain. The letter of appeal dated 03/02/2015 indicated that the injured worker's pain levels and mood were heavily affected by her injuries and chronic symptoms. It was also noted that the injured worker had pain rated at an 8/10 documented on 01/14/2015. However, California Medical Treatment Utilization Schedule recommends a 3 to 4 visit clinical trial to establish efficacy of treatment. There is no documentation that the injured worker has previously undergone any type of psychotherapy in response to treatment. Therefore, a trial would be indicated in this clinical situation. However, the request does not specifically identify a duration or frequency of treatment. In the absence of this information the appropriateness of the request itself cannot be determined. As such the request is not medically necessary or appropriate.

Gym Membership: 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) Low Back Chapter, memberships.

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, Gym Memberships.

Decision rationale: The requested gym membership is not medically necessary or appropriate. California Medical Treatment Utilization Schedule does not address this request. Official Disability Guidelines do not recommend a gym membership over a home exercise program unless specific equipment that cannot be provided in the home is needed. The letter of appeal dated 03/02/2015 indicated that the injured worker required a trainer to assist with her workout program due to her unstable spinal condition and that a fall would be catastrophic, therefore, she required supervision by a licensed trainer. However, the clinical documentation submitted for review does not provide any indication that the injured worker has had any type of previous therapy and what that response to therapy was. Therefore, the need for supervision at an exercise program outside the home is not supported. Additionally the request as it is submitted does not clearly identify a frequency or duration of treatment. In the absence of this information the appropriateness of the request itself cannot be determined. As such the request is not medically necessary or appropriate.

Carpal Tunnel Splints (bilateral): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 271-273.

Decision rationale: The requested carpal tunnel splints bilaterally are not medically necessary or appropriate. California Medical Treatment Utilization Schedule does recommend the use of splinting for carpal tunnel syndrome to assist with pain control. However, the clinical documentation submitted for review does not provide any indication that the injured worker is participating in any type of active therapy. The use of splinting is generally recommended in conjunction with active therapy. As such the request is not medically necessary or appropriate.

Klonopin 0.5mg: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The requested Klonopin is not medically necessary or appropriate. California Medical Treatment Utilization Schedule does not support long-term use of benzodiazepines as well as a high risk of psychological and physiological dependence. The clinical documentation does not provide any indication of how long the injured worker has been on this medication. Additionally there is no indication of effectiveness. The request as it is submitted does not specifically identify a quantity. In the absence of this information the appropriateness of the request itself cannot be determined. As such the request is not medically necessary or appropriate.