

Case Number:	CM15-0038111		
Date Assigned:	04/02/2015	Date of Injury:	12/28/2005
Decision Date:	05/18/2015	UR Denial Date:	02/16/2015
Priority:	Standard	Application Received:	02/27/2015

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, Arizona

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 55-year-old male who reported an injury on 12/28/2005. The mechanism of injury reportedly occurred when the injured worker fell off the back of a truck and hit his head. His diagnoses included lumbar strain. Past treatments included physical therapy and chiropractic therapy. On 02/02/2015, the injured worker was seen for a re-evaluation. He reported periodic flare-ups, continued neck pain and stiffness, and tinnitus, as well as insomnia. The physical examination revealed motor strength at 5/5, reduced deep tendon reflexes, and decreased sensation of the lower extremities. The current medications were noted to include Cymbalta 30 mg taken before bedtime, levothyroxine 150 mcg taken daily, tramadol 50 mg taken 4 times a day, and hydrocodone/acetaminophen 7.5/200 mg taken every 4 hours. The treatment plan included continuation of medications, a CPAP machine, and a follow-up visit. A request was received for lipoic acid trial, tramadol, zolpidem, hydrocodone/acetaminophen, health care membership, CPAP, and physical therapy. The rationale for the request was not specified. The Request for Authorization form was not submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lipoic acid trial: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Drugs.com.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence:<http://www.drugs.com/mtm/alpha-lipoic-acid.html>.

Decision rationale: According to www.drugs.com, alpha lipoic acid is a naturally occurring fatty acid found in many foods used as an alternative to medicine for effective aid in weight loss, treating diabetic nerve pain, healing wounds, low blood pressure, improving skin discoloration, and decreasing complications of coronary artery bypass graft. The clinical information indicated that the injured worker complained of continued neck pain and stiffness, tinnitus, and insomnia. However, there was no documentation with evidence of obesity, diabetic nerve pain, or discoloration of the skin. Given the absence of the information indicated above, the request is not supported. In addition, the request as submitted did not specify the frequency of use or dosage requested. Therefore, the request for Lipoic acid trial is not medically necessary.

Tramadol 50mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 119.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78.

Decision rationale: The California MTUS Guidelines state that 4 domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids, including pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant drug related behaviors. The clinical information indicated the injured worker has been taking tramadol for an unspecified amount of time. However, there was a lack of documentation in the clinical notes submitted of quantified numerical pain relief, increase in physical and psychosocial functioning, and documentation of side effects and/or aberrant behavior with use of the medications. Given the absence of the information indicated above, the request is not supported. Therefore, the request for Tramadol 50mg #120 is not medically necessary.

Zolpidem 10mg #30: Upheld

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

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

Decision rationale: The Official Disability Guidelines recommend the use of zolpidem on a short term basis for treatment of insomnia. The clinical information indicated the injured worker

reported insomnia. The clinical information also indicated the injured worker has been taking zolpidem for an unspecified amount of time. However, there was no documentation with evidence of functional improvement with the use of the medication. Given the absence of the information indicated above, the request is not supported. Therefore, the request for Zolpidem 10mg #30 is not medically necessary.

Hydrocodone/Acetaminophen 7.5/325mg #60: 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 Opioids Page(s): 78.

Decision rationale: The California MTUS Guidelines state that 4 domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids, including pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant drug related behaviors. The clinical information indicated the injured worker has been taking hydrocodone for an unspecified amount of time. However, there was a lack of documentation in the clinical notes submitted of quantified numerical pain relief, increase in physical and psychosocial functioning, and documentation of side effects and/or aberrant behavior with use of the medications. Given the absence of the information indicated above, the request is not supported. Therefore, the request for Hydrocodone/Acetaminophen 7.5/325mg #60 is not medically necessary.

Health Club Membership: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, Gym memberships.

Decision rationale: The Official Disability Guidelines do not recommend gym memberships as a medical prescription unless a documented home exercise program with periodic assessment or revision has not been effective and there is a need for equipment. The clinical information indicated the injured worker complained of continued neck pain and stiffness. However, there was no documentation with evidence of a home exercise program or its ineffectiveness. Given the absence of the information indicated above, the request is not supported. In addition, the request as submitted did not specify the duration for health club membership. Therefore, the request for Health Club Membership is not medically necessary.

CPAP (duration unspecified): Upheld

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

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

Decision rationale: The Official Disability Guidelines state that continuous positive airway pressure (CPAP) treatment is recommended for the treatment of obstructive sleep apnea (OSA). The clinical information indicated that the injured worker reported periodic flare ups, continued neck pain and stiffness, and tinnitus, as well as insomnia. However, there was no documentation with evidence of a diagnosis of obstructive sleep apnea. Given the absence of the information indicated above, the request is not supported. In addition, the request as submitted did not specify duration for the use of CPAP. Therefore, the request for CPAP (duration unspecified) is not medically necessary.

Physical Therapy (frequency & duration unspecified): 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 Physical Medicine Page(s): 98-99.

Decision rationale: The California MTUS Guidelines recommend up to 10 visits of physical therapy for myalgia and myositis. The clinical information indicated the injured worker complained of continued pain. However, there was no documentation with evidence of objective functional deficits to warrant physical therapy. In addition, the request as submitted did not specify a frequency and duration of physical therapy. Therefore, the request for Physical Therapy (frequency & duration unspecified) is not medically necessary.