

Case Number:	CM15-0064939		
Date Assigned:	04/13/2015	Date of Injury:	10/06/1992
Decision Date:	06/08/2015	UR Denial Date:	03/09/2015
Priority:	Standard	Application Received:	04/06/2015

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 64 year old female, who sustained an industrial injury on 10/6/92. She reported initial complaints of a fall and assault. The injured worker was diagnosed as having cervical disc degeneration; cervical radiculitis; status post cervical spine fusion; failed lumbar back surgery syndrome; lumbar radiculopathy; status post lumbar fusion; bilateral knee pain: status post right total knee replacement; hand fracture Left; chronic renal insufficiency; angina . Treatment to date has included status post bilateral caudal catheter lumbar epidural steroid infusion myelogram (6/13/14); drug detoxification program (3/12/13 and 4/12/14); Toradol injection (12/22/14); drug toxicology screenings; medications. Currently, the PR-2 note dated 1/5/15 indicates the injured worker complains of neck pain is documented as constant and radiates to the left upper extremity. Low back pain is constant and radiates to the bilateral lower extremities radiating to the bilateral feet. Insomnia is noted associated with ongoing pain and reports gastrointestinal upset with continuous, severe, vomiting and nausea. She reports a less than 5% improvement of a bilateral caudal catheter lumbar epidural steroid infusion myelogram performed on 6/13/14. Prior notes indicate the injured worker participated in a drug detoxification program and discharged 4/12/14. She is a status post total knee replacement and is experiencing pain in the left knee. The notes indicate a left knee injection of sodium hyaluronate was administered. A Toradol injection with B-12 was given for the injured worker's acute increase in pain. The treatment plan includes a Psychiatric clearance as precursor to intrathecal pump trial and medications that were denied at Utilization Review: Ambien 10mg #30; Zofran 4mg #60; Norflex 100mg #60. The Request for Authorization was dated 03/25/2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Psychiatric clearance as precursor to intrathecal pump trial: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 306.

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

Decision rationale: The request for psychiatric clearance as precursor to intrathecal pump trial is not supported. The Official Disability Guidelines state the placement of intrathecal system is recommended only as an end-stage treatment alternative for selected patients for specific conditions indicated in the blue criteria below, after failure of at least 6 months of less invasive methods, and following a successful temporary trial. The injured worker was treated with multiple opioids and inpatient detoxification program in 2014. Her current treatment is with Suboxone which has been used for treatment of opioid dependency. The rationale for restarting opioids had not been provided. The injury occurred 22 years ago and there is no indication of expected improvement in pain control and function that would be a cure with the use of intrathecal pump. Psychiatric clearance as precursor to intrathecal pump trial is not medically necessary.

Ambien 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), Pain, Zolpidem (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, Ambien; 1/2 (zolpidem tartrate).

Decision rationale: The request for Ambien 10 mg #30 is not supported. The Official Disability Guidelines state that Ambien is a short acting nonbenzodiazepine hypnotic recommended for short term use for treatment of insomnia. The short term use is usually 7 to 10 days. Pharmacological agents should only be used after careful evaluation of potential causes of sleep disturbance. Indication is not recommended for chronic low back pain. Medical records do not provide an alternate rationale for long term use of Ambien. The request lacks frequency of medication. As such, the request is not medically necessary.

Zofran 4mg #60: 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, Antiemetics (for opioid nausea).

Decision rationale: The request for Zofran 4 mg #60 is not supported. The Official Disability Guidelines state Zofran is used for prevention of nausea and vomiting associated with chemotherapy and radiation in cancer patients. There is lack of documentation that the injured worker has a diagnosis for which Zofran is indicated. The request lacks frequency for medication use. As such, the request is not medically necessary.

Norflex 100mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Orphenadrine Page(s): 65.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 65.

Decision rationale: The request for Norflex 100 mg #30 is not supported. The California MTUS Guidelines do not recommend muscle relaxants for chronic pain. Nonsedating muscle relaxants are an option for short term exacerbations of chronic low back pain. There is lack of documentation of the injured worker having a flare up of his chronic back pain. There is lack of documentation as to the length the injured worker has been on NSAID medication. There is lack of documentation as to the frequency medication issues. Long term use is not recommended. As such, the request is not medically necessary.