

Case Number:	CM15-0069966		
Date Assigned:	04/17/2015	Date of Injury:	09/03/2002
Decision Date:	05/18/2015	UR Denial Date:	03/10/2015
Priority:	Standard	Application Received:	04/13/2015

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: Emergency 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 59 year old female who sustained an industrial injury on 9/3/2002. Her diagnoses, and/or impressions, included: lumbar radiculopathy; right hip pain; right shoulder pain, status-post surgery and with residuals; major depressive disorder, single episode; anxiety disorder; insomnia; and opiate tolerance due to long-term opiate use. Recent magnetic resonance imaging studies of the lumbar spine was stated to have been done on 5/9/2014. Her treatments have included exercising; urine toxicology screening; psychiatric treatments; and medication management. Progress notes of 1/21/2015 reported constant radiating neck pain down into the bilateral upper extremities, with numbness/tingling; and frequent muscle spasms in the neck which are aggravated by activities, and interferes with sleep. Also reported was constant, radiating low back pain down into the bilateral lower extremities, accompanied with numbness/tingling, and is aggravated by activity and sitting, which interferes with sleep and causes fecal incontinence. Further reports of moderate to severe, and worsened, upper extremity pain, left hand pain, right shoulder pain; and gastrointestinal upset from medications, are noted. The physician's requests for treatments were noted to include oral Zolpidem for sleep, Cyclobenzaprine for muscle spasms, and an emergent Evzio (Naloxone) injection to keep in the first aid kit.

IMR ISSUES, DECISIONS AND RATIONALES

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

Zolpidem Tab 10mg Qty 30: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain (Chronic), (updated 07/10/14), Insomnia Medications.

Decision rationale: The requested Zolpidem Tab 10mg Qty 30 is not medically necessary. CA MTUS is silent. Official Disability Guidelines, Pain (Chronic), (updated 07/10/14), Insomnia Medications note "Zolpidem is a prescription short-acting non-benzodiazepine hypnotic, which is approved for the short-term (usually two to six weeks) treatment of insomnia". The injured worker has constant radiating neck pain down into the bilateral upper extremities, with numbness/tingling; and frequent muscle spasms in the neck which are aggravated by activities, and interferes with sleep. Also reported was constant, radiating low back pain down into the bilateral lower extremities, accompanied with numbness/tingling, and is aggravated by activity and sitting, which interferes with sleep and causes fecal incontinence. Further reports of moderate to severe, and worsened, upper extremity pain, left hand pain, right shoulder pain; and gastrointestinal upset from medications, are noted. The treating physician has not documented results of sleep behavior modification attempts or any derived functional benefit from its previous use. The criteria noted above not having been met, Zolpidem Tab 10mg Qty 30 is not medically necessary.

Cyclobenzaprine Tab 10mg Qty 30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxant Page(s): 63-66.

Decision rationale: The requested Cyclobenzaprine Tab 10mg Qty 30 is not medically necessary. CA MTUS Chronic Pain Treatment Guidelines, Muscle Relaxants, Page 63-66, do not recommend muscle relaxants as more efficacious than NSAIDs and do not recommend use of muscle relaxants beyond the acute phase of treatment. The injured worker has constant radiating neck pain down into the bilateral upper extremities, with numbness/tingling; and frequent muscle spasms in the neck which are aggravated by activities, and interferes with sleep. Also reported was constant, radiating low back pain down into the bilateral lower extremities, accompanied with numbness/tingling, and is aggravated by activity and sitting, which interferes with sleep and causes fecal incontinence. Further reports of moderate to severe, and worsened, upper extremity pain, left hand pain, right shoulder pain; and gastrointestinal upset from medications, are noted. The treating physician has not documented duration of treatment, spasticity or hypertonicity on exam, intolerance to NSAID treatment, nor objective evidence of

derived functional improvement from its previous use. The criteria noted above not having been met, Cyclobenzaprine Tab 10mg Qty 30 is not medically necessary.

Evzio injection #0.8: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Naloxone (Narcan).

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

Decision rationale: CA MTUS is silent. Official Disability Guidelines, Pain, Naloxone (Narcan)
Note: "Recommended in hospital-based and emergency department settings as currently indicated to address opioid overdose cases. Recommended on a case-by-case basis for outpatient, pre-hospital use, to treat opioid overdose for patients who are prescribed opioids for acute and chronic pain (malignant and non-malignant) due to documented pathology. (See Criteria Below)
There is little evidence-based research to guide who should receive naloxone in an outpatient medically prescribed setting. Guidance is partially dependent on risk factors for overdose. When used in these pre-hospital settings, the patient will still require emergency and perhaps long term care". The injured worker has constant radiating neck pain down into the bilateral upper extremities, with numbness/tingling; and frequent muscle spasms in the neck which are aggravated by activities, and interferes with sleep. Also reported was constant, radiating low back pain down into the bilateral lower extremities, accompanied with numbness/tingling, and is aggravated by activity and sitting, which interferes with sleep and causes fecal incontinence. Further reports of moderate to severe, and worsened, upper extremity pain, left hand pain, right shoulder pain; and gastrointestinal upset from medications, are noted. The treating physician has not documented the medical necessity for this opiate antagonist. The criteria noted above not having been met, Evzio injection #0.8 is not medically necessary.