

Case Number:	CM15-0076330		
Date Assigned:	04/27/2015	Date of Injury:	10/06/1999
Decision Date:	07/08/2015	UR Denial Date:	04/07/2015
Priority:	Standard	Application Received:	04/21/2015

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: New York

Certification(s)/Specialty: Internal Medicine, Pulmonary Disease

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 10/06/1992. She reported an injury to her right shin, right knee, right hip, and right wrist. The injured worker is currently diagnosed as having cervical disc degeneration, cervical radiculitis, status post cervical spine fusion, lumbar failed back surgery syndrome, lumbar radiculopathy, status post lumbar spine fusion, bilateral knee pain, status post right total knee replacement, and rule out left hand fracture. Treatment and diagnostics to date has included right knee surgeries, lumbar spine surgery, cervical spine surgery, drug detoxification program, cervical spine MRI, lumbar spine MRI, left knee MRI, and medications. In a progress note dated 03/16/2015, the injured worker presented with complaints of neck, low back, and abdominal pain. The treating physician reported requesting authorization for follow up to complete initial evaluation psychiatric clearance report, Ambien, Clonidine, Norflex, and Zofran.

IMR ISSUES, DECISIONS AND RATIONALES

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

Psychiatrist Follow-up (to Complete Clearance Evaluation for Intrathecal Pump), QTY: 1:
Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78, 86.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Guidelines, Independent Medical Examinations and Consultations, Chapter 7, page 127.

Decision rationale: The patient is a 64 year old female with an injury on 10/06/1992. She had cervical spine fusion, lumbar spine fusion and a right total knee arthroplasty. She continues to have neck and back pain. She has completed a drug detoxification program. She has lumbar failed back surgery syndrome. The patient has been followed by a psychiatrist and has completed a detoxification program. She continues to have neck pain and back pain and had severe injuries. The need for the placement of an intrathecal pump is to be determined by the neurosurgeon and pain management specialists.

Zofran 4mg, QTY: 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 Zofran, FDA approved package insert.

Decision rationale: The patient is a 64 year old female with an injury on 10/06/1992. She had cervical spine fusion, lumbar spine fusion and a right total knee arthroplasty. She continues to have neck and back pain. She has completed a drug detoxification program. She has lumbar failed back surgery syndrome. Zofran is FDA approved treatment for post-surgery, chemotherapy induced and radiation therapy induced nausea and emesis. The patient does not have a FDA approved indication for Zofran and it is not medically necessary.

Ambien 10mg, QTY: 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), Zolpidem (Ambien).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Ambien, FDA approved package insert, Dosage.

Decision rationale: The patient is a 64 year old female with an injury on 10/06/1992. She had cervical spine fusion, lumbar spine fusion and a right total knee arthroplasty. She continues to have neck and back pain. She has completed a drug detoxification program. She has lumbar failed back surgery syndrome. The FDA approved package insert notes a recent change in the dose for females taking Ambien. The 10 mg dose leads to increasing blood levels and toxicity and the maximum dose for females is now 5 mg. Also, Ambien is to be used for short term treatment.

Norflex 100mg, QTY: 60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 64-66.

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

Decision rationale: The patient is a 64 year old female with an injury on 10/06/1992. She had cervical spine fusion, lumbar spine fusion and a right total knee arthroplasty. She continues to have neck and back pain. She has completed a drug detoxification program. She has lumbar failed back surgery syndrome. MTUS, chronic pain guidelines note that muscle relaxants decrease both mental and physical ability. Also, the addition of muscle relaxants to patients already treated with NSAIDS does not improve pain relief. Long term treatment with muscle relaxants is not consistent with MTUS guidelines and the requested medication is not medically necessary.

Clonidine 0.1mg, QTY: 30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Clonidine FDA approved package insert, indications.

Decision rationale: The patient is a 64 year old female with an injury on 10/06/1992. She had cervical spine fusion, lumbar spine fusion and a right total knee arthroplasty. She continues to have neck and back pain. She has completed a drug detoxification program. She has lumbar failed back surgery syndrome. Clonidine is not FDA approved treatment for failed back surgery syndrome, cervical fusion or lumbar fusion. It is FDA approved for the treatment of hypertension and is not medically necessary for the patient.