MAXIMUS Federal Services

Case Number:	CM15-0093730		
Date Assigned:	05/20/2015	Date of Injury:	10/23/2012
Decision Date:	07/03/2015	UR Denial Date:	04/09/2015
Priority:	Standard	Application Received:	05/14/2015

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 50 year old female, who sustained an industrial injury on 10/23/2012. Medical records provided by the treating physician did not indicate the injured worker's mechanism of injury. The injured worker was diagnosed as having cervical sprain/strain, cervical radiculopathy, thoracic sprain/strain, lumbar sprain/strain, lumbar radiculopathy, right shoulder subacromial bursitis and impingement, right elbow medial epicondylitis, right wrist and hand carpal tunnel syndrome, bilateral sacral one radiculopathy, bilateral median neuropathy, and headache of uncertain etiology. Treatment and diagnostic studies to date has included medication regimen, laboratory studies, use of a transcutaneous electrical nerve stimulation unit, use of a lumbosacral orthosis, magnetic resonance imaging, and an electrodiagnostic study. In a progress note dated 03/31/2015 the treating physician reports complaints of low back pain that radiates to the lower extremities with the right greater than the left, cervical pain, thoracic pain, right shoulder pain, right elbow pain, right wrist pain, and an increase in headaches with instability that has led to falls. Examination reveals tenderness to the cervical spinal muscles, lumbar spinal muscles, acromioclavicular joint, and medial epicondyle. The treating physician also noted a decreased sensation to the cervical seven and cervical eight dermatomes, sacral dermatomes, and median nerve distribution, along with spasms to the cervical spine and lumbar spine. The pain level was rated a 7 out of 10 to the low back and cervical spine, a 5 out of 10 to the thoracic spine, right shoulder, and right wrist, and a 6 out of 10 to the right elbow, but the documentation did not indicate the injured worker's pain level as rated on a pain scale prior to use of her medication regimen and after use of her medication regimen to indicate the effects with the use

of the injured worker's current medication regimen. Also, the documentation provided did not indicate if the injured worker experienced any functional improvement with use of his current medication regimen. The injured worker's current list of medications included Ambien, Lidoderm patches, and intermittent use of Tramadol. In a progress note dated 02/03/2015 the treating physician notes the medication Elavil (Amitriptyline) as a part of the injured worker's medication regimen, but this medication was not listed as a part of the injured worker's medication regimen from the 03/31/2015 progress note. The treating physician noted that prior use of non-steroidal anti-inflammatory medications were effective with increasing the injured worker's range of motion and decreasing the amount of pain, but also noted that the injured worker had gastrointestinal upset that did not improve with the use of a proton-pump inhibitor. The treating physician requested the medications of Ambien 10mg with a quantity of 30 to be used daily at bedtime and Lidoderm patches 5% as noted to be a part of the injured worker's current medication regimen. The treating physician also requested Amitriptyline 25mg with a quantity of 30 and urine toxicology, but the documentation did not indicate the specific reason for the requested medication and laboratory study.

IMR ISSUES, DECISIONS AND RATIONALES

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

Amitrlptyllne 25mg; 1 at bedtime #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for chronic pain Page(s): 13-15.

Decision rationale: The patient was injured on 10/23/12 and presents with cervical spine pain, thoracic spine pain, right shoulder pain, right elbow pain, right wrist pain, and headaches. The request is for AMITRIPTYLINE 25 MG, 1 AT BEDTIME #30. The RFA is dated 04/01/15 and the patient is temporarily partially disabled. The patient has been taking this medication as early as 04/25/14. Regarding antidepressants, MTUS Guidelines, pages 13-15, Chronic Pain Medical Treatment Guidelines: Antidepressants for chronic pain states, "Recommended as a first-line option for neuropathic pain, and as a possibility for non-neuropathic pain. Tricyclics are generally considered a first-line agent unless they are ineffective, poorly tolerated, or contraindicated. Analgesia generally occurs within a few days a week whereas antidepressant's effect takes long to occur." MTUS Guidelines page 60 requires documentation of pain assessment and functional changes when medications are used for chronic pain. The patient is diagnosed with cervical sprain/strain, cervical radiculopathy, thoracic sprain/strain, lumbar sprain/strain, lumbar radiculopathy, right shoulder subacromial bursitis and impingement, right elbow medial epicondylitis, right wrist and hand carpal tunnel syndrome, bilateral sacral one radiculopathy, bilateral median neuropathy, and headache of uncertain etiology. Regarding the cervical spine, there is mild swelling of the paraspinal musculature, a positive Spurling's on the right and left, and tenderness of the paraspinal musculature with spasm. The lumbar spine has tenderness along the lumboparaspinal musculature with spasm and mild swelling. The right elbow has tenderness along the medial epicondyle and mild swelling. The right wrist/hand has

positive carpal compression test, positive Phalen's, positive Tinel's, and diminished sensation along the median nerve distribution. The patient has been taking amitriptyline as early as 04/25/14. None of the reports provided indicate how amitriptyline has impacted the patient's pain and function as required by MTUS Guidelines. Due to lack of documentation, the requested amitriptyline IS NOT medically necessary.

Lidoderm patches 5% number to boxes: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 111-113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm patches Topical analgesic Page(s): 56-57, 111-113. Decision based on Non-MTUS Citation Official disability guidelines Pain chapter, Lidoderm patches.

Decision rationale: The patient was injured on 10/23/12 and presents with cervical spine pain, thoracic spine pain, right shoulder pain, right elbow pain, right wrist pain, and headaches. The request is for LIDODERM PATCHES 5% NUMBER TO BOXES. The RFA is dated 04/01/15 and the patient is temporarily partially disabled. MTUS chronic pain medical treatment guidelines page 57 states, "Topical lidocaine may be recommended for a localized peripheral pain after there has been evidence of a trial of first-line therapy (tricyclic or SNRI antidepressants, or an AED such as gabapentin or Lyrica)." MTUS page 112 also states, "Lidocaine indication: Neuropathic pain, recommended for localized peripheral pain." In reading ODG Guidelines, it specifies the Lidoderm patches are indicated as a trial if there is "evidence of localized pain that is a consistent with a neuropathic etiology." ODG further requires documentation of the area for treatment, trial of a short-term use with outcome, documenting pain and function. MTUS page 60 required recording of pain and function when medications are used for chronic pain. The patient is diagnosed with cervical sprain/strain, cervical radiculopathy, thoracic sprain/strain, lumbar sprain/strain, lumbar radiculopathy, right shoulder subacromial bursitis and impingement, right elbow medial epicondylitis, right wrist and hand carpal tunnel syndrome, bilateral sacral one radiculopathy, bilateral median neuropathy, and headache of uncertain etiology. Regarding the cervical spine, there is mild swelling of the paraspinal musculature, a positive Spurling's on the right and left, and tenderness of the paraspinal musculature with spasm. The lumbar spine has tenderness along the lumboparaspinal musculature with spasm and mild swelling. The right elbow has tenderness along the medial epicondyle and mild swelling. The right wrist/hand has positive carpal compression test, positive Phalen's, positive Tinel's, and diminished sensation along the median nerve distribution. In this case, the patient does not have any documentation of localized neuropathic pain as required by MTUS Guidelines. Therefore, the requested Lidoderm patch IS NOT medically necessary.

Ambien 10mg; 1 by mouth at bedtime: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official disability guidelines mental illness and stress chapter, zolpidem (Ambien).

Decision rationale: The patient was injured on 10/23/12 and presents with cervical spine pain, thoracic spine pain, right shoulder pain, right elbow pain, right wrist pain, and headaches. The request is for AMBIEN 10 MG, 1 BY MOUTH AT BEDTIME #30. The RFA is dated 04/01/15 and the patient is temporarily partially disabled. MTUS and ACOEM Guidelines are silent with regard to his request. However, ODG Guidelines, mental illness and stress chapter, zolpidem (Ambien) states, "Zolpidem (Ambien, generic available, Ambien CR) is indicated for short term use of insomnia with difficulty of sleep onset (7-10 days). Ambien CR is indicated for treatment of insomnia with difficulty of sleep onset and/or sleep maintenance. Long term studies have found Ambien CR to be effective for up to 24 weeks in adults." The patient is diagnosed with cervical sprain/strain, cervical radiculopathy, thoracic sprain/strain, lumbar sprain/strain, lumbar radiculopathy, right shoulder subacromial bursitis and impingement, right elbow medial epicondylitis, right wrist and hand carpal tunnel syndrome, bilateral sacral one radiculopathy, bilateral median neuropathy, and headache of uncertain etiology. It appears that this is the initial request for Ambien. ODG Guidelines support the use of Ambien for 7 to 10 days for insomnia. However, the request is for 30 tablets of Ambien which is a long term basis and is not recommended by ODG Guidelines. Therefore, the requested Ambien IS NOT medically necessary.

Urine toxicology: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG-TWC Urine Drug Testing (UDT).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official disability guidelines Pain chapter, Urine drug testing.

Decision rationale: The patient was injured on 10/23/12 and presents with cervical spine pain, thoracic spine pain, right shoulder pain, right elbow pain, right wrist pain, and headaches. The request is for a URINE TOXICOLOGY. The RFA is dated 04/01/15 and the patient is temporarily partially disabled. While MTUS Guidelines do not specifically address how frequently UDS should be obtained for various risks of opiate users, ODG Guidelines provide clear documentation. They recommend once yearly urine drug screen following initial screening with the first 6 months for management of chronic opiate use in low-risk patients. The 03/31/15 report states that the patient is taking Ambien, Tramadol, and Amitriptyline. The patient had a prior urine drug screen on 02/03/15; however, she was not consistent with her medications. The treater does not document that the patient is at high risk for adverse outcomes, or has active substance abuse disorder. The physician does not discuss what he is going to do with the inconsistent UDS results from 02/03/15. Opiate management require not just obtaining the UDS, but discussing and acting on the inconsistent results. The request for another urine toxicology screen IS NOT medically necessary.