

Case Number:	CM15-0094709		
Date Assigned:	05/20/2015	Date of Injury:	09/18/2006
Decision Date:	07/02/2015	UR Denial Date:	05/07/2015
Priority:	Standard	Application Received:	05/15/2015

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:

This is a 45 year old male with a September 18, 2006 date of injury. A progress note dated March 10, 2015 documents subjective findings (increased symptoms of right brachial plexopathy), objective findings (cane assisted gait; positive brachial plexus tinel; moderate anterior scalene tenderness), and current diagnoses (post cervical laminectomy syndrome; post laminotomy pain syndrome; right thoracic outlet syndrome; chronic pain syndrome; right shoulder impingement). Treatments to date have included spine surgeries, medications, and a transcutaneous electrical nerve stimulator unit. The treating physician documented a plan of care that included Tizanidine, Cymbalta, Butrans, and Ambien.

IMR ISSUES, DECISIONS AND RATIONALES

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

4 Tizanidine strength 4mg Qty: 60 Refills: unspecified: Upheld

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

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

Decision rationale: Per the 03/10/15 report by the requesting physician the patient presents with increasing symptoms of right brachial plexopathy with increasing headaches, blurred vision and upper extremity weakness. He is s/p cervical laminectomy, and L5-S1 revision fusion, dates unknown. The patient is a candidate for brachial plexus release. His diagnoses include Chronic Pain Syndrome. The current request is for 4 Tizanidine strength 4mg QTY: 60 refills: unspecified per the 04/28/15 RFA and 03/10/15 report. The patient is not working. MTUS guidelines page 63 recommend non-sedating muscle relaxant with caution as a second line option for short-term treatment of acute exacerbations in patients with chronic lower back pain. However, in most cases they show no benefit beyond NSAID in pain and overall improvement. MTUS guidelines page 66 allow for the use of Zanaflex for low back pain, myofascial pain and fibromyalgia. The patient's medication history is limited as only one report documenting medication is included. This 03/10/15 report states that this is a continuing medication prescribed for muscle spasm and pain. It is unknown from the reports provided for review how long this medication has been prescribed. Tizanidine is indicated for short-term treatment of acute exacerbations, and no clinical evidence is provided of this condition. No documentation is provided showing use is intended for the short term. Furthermore, this is a continuing medication, and the treating physician does not explain whether or not Tizanidine helps the patient. The MTUS guidelines on page 60 require that the physician record pain and function when medications are used for chronic pain. In this case, the request is not medically necessary.

Cymbalta: Strength 60mg Qty: 30 Refills: unspecified: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy drugs (AEDs) Page(s): 16-17.

Decision rationale: Per the 03/10/15 report by the requesting physician the patient presents with increasing symptoms of right brachial plexopathy with increasing headaches, blurred vision and upper extremity weakness. He is s/p cervical laminectomy, and L5-S1 revision fusion, dates unknown. The patient is a candidate for brachial plexus release. His diagnoses include Chronic Pain Syndrome. The current request is for Cymbalta: strength 60mg QT: 30 refills: unspecified per the 04/28/15 RFA and 03/10/15 report. The patient is not working. For Cymbalta, the MTUS Guidelines page 16 and 17 states, "Duloxetine (Cymbalta) is FDA-approved for anxiety, depression, diabetic neuropathy, and fibromyalgia. It is also used off-label for neuropathic pain and radiculopathy. Duloxetine is recommended as a first-line option for diabetic neuropathy." The patient's medication history is limited as only one report documenting medication is included. This 03/10/15 report states that this is a continuing medication prescribed for generalized musculoskeletal pain. It is unknown from the reports provided for review exactly how long the patient has been prescribed this medication. Cymbalta is indicated for this patient's neuropathic pain. However, this is a continuing medication, and the treating physician does not explain whether or not Cymbalta helps the patient. The MTUS guidelines on page 60 require that the physician record pain and function when medications are used for chronic pain. In this case, the request is not medically necessary.

Butrans: Strength 10mcg Qty: 4 Refills: unspecified: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CRITERIA FOR USE OF OPIOIDS Page(s): 76-78, 88-89.

Decision rationale: Per the 03/10/15 report by the requesting physician the patient presents with increasing symptoms of right brachial plexopathy with increasing headaches, blurred vision and upper extremity weakness. He is s/p cervical laminectomy, and L5-S1 revision fusion, dates unknown. The patient is a candidate for brachial plexus release. His diagnoses include Chronic Pain Syndrome. The current request is for Butrans: strength 10mcg qty: 4 refills: unspecified per the 04/28/15 RFA and 03/10/15 report. The patient is not working. MTUS Guidelines pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4A's (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. The patient's medication history is limited as only one report documenting medication is included. This 03/10/15 report states that this is a continuing medication and notes that Norco and Buspar are discontinued. The report provided for review does not discuss how this medication improves the patient's pain and function. The MTUS guidelines require thorough documentation of analgesia with before and after pain scales and functional improvements with opioid usage. No specific ADL's are mentioned which show a significant change with use of this medication. The documentation of opiate management issues is not clear. The treating physician states, "Urinary drug screen negative for opioids, consistent with the present regimen." The 03/10/15 UDS is included for review and states test results Hydrocodone, Norhydrocodone and Suboxone were inconsistent as the test outcome was negative and the anticipated outcome was positive due to reported prescriptions. This inconsistency is not explained. Side effects are not discussed. In this case, there is insufficient documentation to support opioid use as required by the MTUS guidelines. The request for Butrans is not medically necessary.

Ambien: Strength 10mg Qty: 30 Refills: unspecified: 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.

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, Ambien/Zolpidem.

Decision rationale: Per the 03/10/15 report by the requesting physician the patient presents with increasing symptoms of right brachial plexopathy with increasing headaches, blurred vision and upper extremity weakness. He is s/p cervical laminectomy, and L5-S1 revision fusion, dated

unknown. The patient is a candidate for brachial plexus release. His diagnoses include Obstructive Sleep Apnea. The current request is for Ambien: strength 10mg qty: 30 refills: unspecified per the 04/28/15 RFA and 03/10/15 report. The patient is not working. MTUS and ACOEM Guidelines do not address Ambien; however, ODG Mental Illness and Stress Chapter, Ambien/Zolpidem, state that Ambien is indicated for short-term treatment of insomnia with difficulty of sleep onset 7 to 10 days. The patient's medication history is limited as only one report documenting medication is included. This 03/10/15 report states that this is a continuing medication prescribed for sleep disorder. It is unknown from the reports provided for review how long the patient has been prescribed Ambien. In this case, this medication is indicated for the short-term treatment of insomnia for 7-10 days. That this medication was renewed and this request for #30 does not suggest short-term use. Furthermore, no evidence is provided that the patient's sleep difficulty is for difficulty of sleep onset. The request is not medically necessary.