

Case Number:	CM13-0007647		
Date Assigned:	11/20/2013	Date of Injury:	08/31/2012
Decision Date:	01/17/2014	UR Denial Date:	07/23/2013
Priority:	Standard	Application Received:	08/06/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Anesthesiology, has a subspecialty in Pain Medication and is licensed to practice in California and Texas. 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 physician 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/services.

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 patient is a 42-year-old male who reported a work related injury on 08/31/2012, as a result of strain to multiple body parts. The patient subsequently was presented for treatment of the following diagnoses: cervical sprain, neck pain, thoracic sprain, cervical radiculitis, low back pain, lateral epicondylitis, lumbosacral ligament sprain, hypertension, left ventricular hypertrophy, left atrial enlargement, and aortic root enlargement. The clinical note dated 09/25/2013 reports the patient was seen in clinic under the care of [REDACTED]. The provider documents the patient returned for re-evaluation regarding wrist pain, neck pain, and low back pain. The provider documented the patient reports his medications are helpful and well-tolerated, including Cyclobenzaprine, naproxen, Percocet, and Omeprazole. The patient was previously utilizing Norco to help with his pain, but was switched to Percocet at last visit to see if it would enable less utilization of opioid. The provider documents the patient is requesting to get a longer acting medication and eventually titrate off use of Percocet. The provider documents the patient recently underwent hernia surgery. The patient has undergone recent electro diagnostic studies of the bilateral upper extremities, which revealed bilateral carpal tunnel syndrome. The provider documented the patient rates his pain at a 7/10 without medications and 3/10 with medications. The provider documents the patient presents with 5/5 motor strength throughout the bilateral upper extremities, sensation was intact but decreased over the first 3 digits of the bilateral hands, and there was tenderness over the cervical paraspinal muscles with spasms, as well as over the facet joints. Cervical spine range of motion was reduced in all planes due to increased pain and stiffness. The provider documents the patient continues with multiple areas of pain complaints. The patient was approved for 6 sessions of chiropractic treatment; howe

IMR ISSUES, DECISIONS AND RATIONALES

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

Terocin Cream 120ml QTY: 2.00: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111.

Decision rationale: The current request is not supported. The clinical documentation submitted for review evidences the patient presents with multiple bodily injury pain complaints status post an altercation performing his work related duties as a correction officer on 08/31/2012. The provider documents the patient utilizes multiple medications. The current request for Terocin cream is not supported as California MTUS indicates topical analgesics are highly experimental without proven efficacy. In addition, any compounded product that contains at least 1 drug or drug class that is not recommended is not recommended. Given all of the above, the request for Terocin Cream 120mL QTY: 2.00 is neither medically necessary nor appropriate.

Zolpidem 12.5mg tablets QTY: 30.00: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter online edition.

Decision rationale: The current request is not supported. The clinical notes evidence the patient presents with multiple bodily injury pain complaints status post a work related injury sustained in 08/2012. The current request is for zolpidem 12.5 mg tabs. California MTUS/ACOEM do not specifically address this request. Therefore, Official Disability Guidelines was cited. Official Disability Guidelines indicate, "Zolpidem is a prescription short acting non-benzodiazepine hypnotic which is approved for the short term, usually 2 to 6 weeks, and treatment of insomnia." Given the lack of documentation evidencing the patient's reports of specific efficacy of use of this medication, as well as the duration of use, and guideline indications for short term use of zolpidem, the request for Zolpidem 12.5mg tablets QTY: 30.00 is neither medically necessary nor appropriate.

Chiropractic Therapy for neck, thoracic and lumbar spine QTY: 12.0: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 58.

Decision rationale: The current request is not supported. The clinical documentation submitted for review lacks evidence to support the current request. The provider documents the patient was approved recently for chiropractic treatment of 6 sessions. The documentation currently submitted for this review did not include any chiropractic notes evidencing objective functional improvements status post utilization of this modality for the patient's neck, thoracic, and lumbar spine pain complaints. California MTUS indicates, "A trial of 6 visits over 2 weeks with evidence of objective functional improvement, total of up to 18 visits over 6 to 8 weeks is supported." Given all of the above, the request for Chiropractic Therapy for neck, thoracic and lumbar spine QTY: 12.0 is neither medically necessary nor appropriate.