

Case Number:	CM13-0028687		
Date Assigned:	06/06/2014	Date of Injury:	10/28/1983
Decision Date:	07/16/2014	UR Denial Date:	09/17/2013
Priority:	Standard	Application Received:	09/25/2013

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. The expert reviewer is Board Certified in Physical Medicine & Rehabilitation and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 63 year old male who reported an injury on 10/28/1983 from repetitive work, felt pain in hands. The injured worker had a history of head and neck pain, along with numbness in both hands and arms. Diagnosis includes cervical disc herniation without myelopathy, cervical neuritis, and radiculitis. Cervical examination revealed rotation of the neck with numbness to the left hand and shoulder, deep tendon reflexes were a 2 at biceps, and 1 at the brachioradialis decreased sensation at the C6, C7, and C8 bilaterally, upper extremity strength reveals a 4/5 wrist extension, 4/5 wrist flexion and 4/5 grip strength, range of motion to the cervical spine; flexion 80 degrees, extension 60 degrees, right and left rotation 80/80 degrees. Diagnostics include a MRI of the cervical region showing radiculopathy. Medications are Neurontin 100 mg, Norco 100 mg and nucynta 50 mg. The plan of care is for an epidural injection and Intermezzo.

IMR ISSUES, DECISIONS AND RATIONALES

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

INTERMEZZO SUB.1.75MG #30 ORF: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Insomnia.

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, Zolpidem.

Decision rationale: The Official Disability Guidelines recommend Intermezzo to be prescription for short-acting therapy (usually two to six weeks) treatment of insomnia. The documentation provided indicates that the injured worker had used Intermezzo starting 04/15/2013 with follow up visits that indicate the injured worker continued to use intermezzo exceeding the 4-6 weeks therapy and Intermezzo would no longer be an effective treatment. Therefore, the request for Intermezzo 1.75 mg sublingual is not medically necessary.