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| Case Number: | CM13-0036529 | | |
| Date Assigned: | 12/13/2013 | Date of Injury: | 03/05/2003 |
| Decision Date: | 04/04/2014 | UR Denial Date: | 10/04/2013 |
| Priority: | Standard | Application Received: | 10/21/2013 |

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, Pain Management, 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 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. 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 patient is a 57 year old female who reported an injury on 03/05/2003. The 11/06/2013 clinic note reported a complaint of pain to the neck with radiation bilateral upper extremities. The patient stated she recently had a surge of pain around the clavicle reaching the scalene musculature radiating around the neck into the arm. The note stated "this is definitely a brachial plexus irritation". The objective findings indicated the patient had tenderness along the clavicle, the supra, the infraclavicular, the scalene musculature, and the axilla on the right side. She had labored motion of the shoulder and weakness to resisted function. The note also indicated she had issues with sleep, depression, and stress.

IMR ISSUES, DECISIONS AND RATIONALES

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

PRESCRIPTION OF AMBIEN 10MG, #30: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Zolpidem (Ambien®)

Decision rationale: Official Disability Guidelines recommends the use of Ambien for a two to six weeks treatment of insomnia. The documentation submitted indicated the patient has been using Lunesta since May 2013 and evidence of failed outcomes from her use of Lunesta was not provided. As such, the request is non-certified.

PRESCRIPTION OF TEROGIN PATCHES #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 11.

Decision rationale: Terogin patches are a combination of lidocaine and menthol. CA MTUS recommends the use of lidocaine for localized peripheral pain after there has been evidence of a trial of first-line therapy (tri-cyclic or SNRI anti-depressants or an AED such as gabapentin or Lyrica). The documentation submitted did not provide evidence of failed outcomes for first-line therapies. As such the request is non-certified.