

<b>Case Number:</b>	CM13-0039023		
<b>Date Assigned:</b>	12/18/2013	<b>Date of Injury:</b>	04/17/2009
<b>Decision Date:</b>	02/18/2014	<b>UR Denial Date:</b>	10/02/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/02/2013

### 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 Anesthesiologist, has a subspecialty in Pain Medicine and is licensed to practice in Florida. 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 50-year-old female who reported a work related injury on 04/17/2009. The specific mechanism of injury was not stated. The clinical note dated 09/18/2103 reports the patient presents for treatment of the following diagnoses: posttraumatic neck pain, upper back pain and bilateral shoulder pain, status post bilateral C5-6 anterior cervical discectomy and fusion as of 01/22/2008, and stress. The provider documents the patient is utilizing Norco 10/325 one to 2 daily, Cymbalta 30 mg, and Wellbutrin 100 mg. The provider documented, upon physical exam of the patient, tenderness upon palpation of the cervical spine which was noted to be at 4+, muscle spasms were present, and movements were extremely painful and restricted. The provider documented the patient's bilateral motor strength was noted to be at 2/5 to 3/5. The provider documented the patient was administered a prescription for a Medrol Dosepak 4 mg, as well as Ambien 10 mg.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Medrol dosepak 4mg quantity one:** 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)

**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

**Decision rationale:** The current request is not supported. Official Disability Guidelines indicate oral corticosteroids are not recommended for chronic pain. There is no data on the efficacy and safety of systematic corticosteroids and chronic pain. So, given their serious adverse effects, they should be avoided. As such, given the above, the request for Medrol Dosepak 4 mg #100 is not medically necessary or appropriate.

**Ambien 10 mg quantity ten:** 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)

**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

**Decision rationale:** The current request is not supported. Official Disability Guidelines indicate Ambien is a prescription short-acting nonbenzodiazepine hypnotic, which is approved for the short term, usually 2 to 6 weeks' treatment of insomnia. The clinical notes failed to document the patient's reports of efficacy with utilization of this medication. In addition, there was a lack of documentation evidencing the duration of use of this medication for the patient's sleep pattern complaints. The guidelines indicate utilization of Ambien is supported for short term. The request for Ambien 10 mg #100 is not medically necessary or appropriate.