

Case Number:	CM13-0040361		
Date Assigned:	12/20/2013	Date of Injury:	06/26/2013
Decision Date:	02/26/2014	UR Denial Date:	10/01/2013
Priority:	Standard	Application Received:	10/29/2013

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 internal Medicine and is licensed to practice in Virginia and Washington, DC. 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:

This is a 60 year old female who had an injury on June 26 2013 after a slip and fall backwards on a wet floor, resulting her hitting her head on the floor. She then suffered from a headache. She then had a concussion and pain in her neck and both shoulders. She saw [REDACTED] on July 29 2013 for her symptoms. Patient was prescribed: Motrin, Vicodin, Naproxen, and Flexeril. She was diagnosed with subacute cervical strain, skull contusion with headaches, concussion and acute lumbar strain with radicular symptoms to lower extremity. On Sept 18 2013, patient had EMG of bilateral upper extremities that revealed cervical radiculopathy, acute and chronic in nature, involving the c5-6 nerve roots, greater on the left. [REDACTED], who interpreted the EMG, noted these findings. He recommended Elavil 10mg daily and trial of Ambien for insomnia. On July 26 2013, [REDACTED] saw patient and recommended symptomatic treatment, as well as physical therapy 3 times a week for four weeks to improve her symptoms. Patient had MRI of her cervical spine on Nov 1 2013 that showed no acute compression fracture, mild facet degenerative changes and no significant central canal or foraminal stenosis. On Aug 26 2013, [REDACTED] saw patient for neck pain and insomnia. He referred patient to neurology, pain management and psychiatry. Patient was prescribed Sentrazolpidem/Theraprogen/Theratramadol.

IMR ISSUES, DECISIONS AND RATIONALES

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

SENTRAZOLPIDEM/THERAPROFEN/THERATRMADOL FOR TREATMENT OF HEADACHE AND LEFT ARM: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines 9792.20-.26 Page(s): 111,112,123.

Decision rationale: Sentrazolpidem is made up of two drugs: zolpidem and sentra. Teraprogen is made up of Theramine and Ibuprofen. Theratramadol is made of theramine and tramadol. As per MTUS guidelines, there is little evidence to support topical usage of NSAID, opioids, capsaicin, glutamate receptor antagonist, alpha-adrenergic receptor agonist, cholinergic receptor agonist. These topical agents are considered to be experimental and there is no clinical documentation that suggests the patient did not do well with oral medications. There was no medical indication for combination medication, Sentrazolpidem/ Teraprogen/ Theratramadol.