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| Case Number: | CM13-0052954 | | |
| Date Assigned: | 12/30/2013 | Date of Injury: | 07/03/2013 |
| Decision Date: | 03/14/2014 | UR Denial Date: | 11/01/2013 |
| Priority: | Standard | Application Received: | 11/18/2013 |

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 Family Practice, and is licensed to practice in Texas and Mississippi. 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 39-year-old male who reported an injury on 07/03/2013. The mechanism of injury was stated to be a motor vehicle accident. The patient's diagnoses were noted to include thoracic sprain/strain, cervical and lumbosacral radiculopathy, hip sprain/strain, lower extremity fracture, ankle tenderness/bursitis, and knee and wrist tendonitis/bursitis. The request was made for medicine refills.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cyclobenzaprine 7.5 mg, #100: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Section Benzodiazepine Page(s): 24.

Decision rationale: The MTUS Guidelines do not recommend benzodiazepines for long-term use because the efficacy is unproven and there is a risk of dependence. Most guidelines limit the use to 4 weeks and guidelines indicate that chronic benzodiazepines are the treatment of choice in very few conditions. The employee was noted to complain of neck and back pain radiating into the upper and lower extremities with paresthesia, pain and numbness, as well as

bilateral ankle tenderness. The employee was noted to have spasms, tenderness, and guarding in the paravertebral musculature of the cervical and lumbar spine with loss of range of motion. The clinical documentation submitted for review failed to provide documented efficacy and functional benefit of the Cyclobenzaprine. Additionally, there was a lack of documentation indicating the necessity for long-term treatment as the employee was noted to previously have been on Cyclobenzaprine. It was indicated that the medications were providing pain relief and improving functional status; however, there was a lack of objective functional benefit and a decrease in the VAS score. Given the above, the request for Cyclobenzaprine 7.5 mg, #100, prescribed on 10/02/2013 is not medically necessary.

Zolpidem TAR 5 mg, #30 with two (2) refills: Upheld

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

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 indicate Zolpidem is for the short-term treatment of insomnia, generally 2 to 6 weeks. There was a lack of documentation indicating the employee had signs and symptoms of insomnia. The clinical documentation submitted for review failed to provide the objective benefit received from the medication and there was a lack of documentation indicating the necessity for 2 refills without re-evaluation. Given the above, the request for zolpidem TAR 5 mg, #30 with two (2) refills, prescribed on 10/02/2013 is not medically necessary.