MAXIMUS Federal Services

Case Number:	CM13-0056973		
Date Assigned:	12/30/2013	Date of Injury:	07/01/2011
Decision Date:	03/21/2014	UR Denial Date:	11/14/2013
Priority:	Standard	Application Received:	11/25/2013

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 Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine 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 55 year old injured worker with a 7/01/11 industrial injury claim. According to the 11/5/13 report from [redacted], her diagnoses are: herniated cervical and lumbar disc, s/p right shoulder arthroscopy and left CTS. [redacted] plan was pending a psychiatric report, sleep study and internal medicine consult. He renewed the medications including Zolpidem, Tramadol, Norco, Prilosec and Fexmid. On 11/14/13, the UR recommended modification of Zolpidem, and Zanaflex for weaning.

IMR ISSUES, DECISIONS AND RATIONALES

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

Zolpidem 10 mg #30: Upheld

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

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

Decision rationale: The Official Disability Guidelines (ODG), do not recommend use of Zolpidem over 6-weeks. The prescription was for a 30-day supply. The prior report is dated 10/1/13 and states â¿¿medications will be refilled in the form of topical creamsâ¿ • there is no

discussion of what the medications are, or what the patient is taking or efficacy of any medications. The available report before 10/1/13 is dated 8/27/13, it states all medications and topical creams will be renewed, but does not state what the medications are, or discuss efficacy. This pattern of reporting continues on the 6/11/13, 4/30/13, 3/26/13, and 2/26/13 report. The 1/22/13 report states the patient is not able to sleep due to pain, and the physician specifies that they are renewing Zolpidem. Medical records indicate that the patient has been provided Zolpidem for over 9-months, and the continued use would exceed the ODG recommendation of 6-weeks. The request for Zolpidem 10mg, #30 is not medically necessary and appropriate.

Zanaflex 4 mg quantity 60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines stateâ¿ • All therapies are focused on the goal of functional restoration rather than merely the elimination of pain and assessment of treatment efficacy is accomplished by reporting functional improvement. â¿¿There is no assessment of treatment efficacy and no reporting of functional improvement with Zanaflex. The request for Zanaflex is not documented on the physicianâ¿¿s PR2, and if it were a renewal, there is no documentation of any functional improvement, decreased pain or improved quality of life. There is no documentation of a satisfactory response, and MTUS does not recommend continuing with treatment that does not provide a satisfactory response. The request for Zanaflex 4mg, quantity 60 is not medically necessary and appropriate.