MAXIMUS Federal Services

Case Number:	CM13-0059741		
Date Assigned:	12/30/2013	Date of Injury:	01/19/1998
Decision Date:	04/04/2014	UR Denial Date:	11/15/2013
Priority:	Standard	Application Received:	12/02/2013

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 Anesthesiology, Pain Management 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 46 year old woman who reported an injury on 01/19/1998. The 11/05/2013 note reported the patient recently underwent a thyroidectomy. She had some complaints of increased stiffness in her neck and shoulders and pain rated at 7/10. The note stated she had some pins and needles tingling sensations down her right leg. Her chiropractic care was discontinued but she attended acupuncture which provide improvement with her pain. The exam reported dense muscular contraction, tension, and tenderness to palpation along the left trapezius up to the lower third cervical extensors on the left side. Her cervical range of motion was 65 degree of rotation bilaterally, and 30 degrees of lateral bending. The note stated her strength was fairly good with brisk reflexes and absent Hoffman's, Babinski, and clonus. She takes Cymbalta and Ambien to help her sleep.

IMR ISSUES, DECISIONS AND RATIONALES

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

Six (6) Acupuncture sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The Physician Reviewer's decision rationale: CA MTUS recommends acupuncture 1 to 3 times per week for a 1-2 month duration and may be extended may be extended if functional improvement is documented. The documentation submitted did not provide evidence of the patient's functional improvements from her completed sessions and therefore, efficacy cannot be determined. As such, the request is non-certified.

Cymbalta 60mg and 30mg: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for pain Page(s): 14.

Decision rationale: The Physician Reviewer's decision rationale: CA MTUS recommends the use of selective serotonin and norepinephrine reuptake inhibitors as an option in pain is accompanied by insomnia, anxiety, or depression. The documentation submitted did not provide evidence of the patient's relief and therefore, efficacy cannot be determined. As such, the request is non-certified.

Ambien CR 12.5mg: 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) Pain, Zolpidem (AmbienÂ®).

Decision rationale: The Physician Reviewer's decision rationale: Official Disability Guidelines recommends to use Ambien for the short-term (usually two to six weeks) treatment of insomnia. The documentation submitted indicated the patient will continue use. Assuming her previous prescription was for 30 days, she would have completed a 4 week course which is approaching the recommended duration. Additionally, the request did not specify the duration of use. Given the above, the request is non-certified.