

Case Number:	CM14-0004106		
Date Assigned:	02/03/2014	Date of Injury:	06/26/2006
Decision Date:	07/16/2014	UR Denial Date:	01/06/2014
Priority:	Standard	Application Received:	01/09/2014

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Preventative Medicine, has a subspecialty in Occupational Medicine and is licensed to practice in Texas. 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 expert 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 injured worker is a 60 year old female had four different dates of injury with the most recent injury on 06/26/06 due to a fall. She currently complains of pain in the neck, low back, and right elbow. Injured worker saw an orthopedist and was treated with physical therapy consisting myofascial treatment, medication, physical therapy, and chiropractic treatment. The diagnosis is cervical and lumbar degenerative disc disease. On physical examination of the cervical spine there is tenderness posterior neck muscles, diffusely. Absent muscle spasms. Spurling's test positive to the left and right. Flexion was normal. Extension was normal. Left rotation was decreased. Rotation to the left was painful. Rotation to the right was painful. Lumbar exam diffusely tender in the right gluteal region. No muscle spasm. Prior utilization review dated 01/06/2014, partial certification for carisoprodol and Zolpidem. Non-certification for the medi-patch. Medications, Prilosec, Trazadone, Prozac, Ambien, Carisoprodol, and Medi-patch. The request was for Carisoprodol 250mg Ambien 5mg, and Medi-patch.

IMR ISSUES, DECISIONS AND RATIONALES

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

CARISOPRODOL 250 MG: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Carisoprodol Page(s): 29.

Decision rationale: The clinical documents submitted for review does not support the request for carisoprodol. Physical examination cervical spine, tenderness posterior neck muscles diffusely. Absent muscle spasms. Lumbar exam diffusely tender in the right gluteal region. No muscle spasm. Carisoprodol is an antispasmodic, not recommended for long term use. Clinical documentation submitted does not reflect acute muscle spasm, as such medical necessity has not been established. The request was for Carisoprodol 250mg is not medically necessary.

ZOLPIDEM TARTRATE 5 MG: 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, Zolpidem.

Decision rationale: The clinical documents submitted for review does not support the request for Zolpidem Tartrate 5 mg. Zolpidem is for short term use 2-6 weeks for insomnia. There is no clinical documentation submitted that supports the continued use of Zolpidem, as such medical necessity has not been established. The request was for Zolpidem Tartrate 5mg is not medically necessary.

MEDI-PATCH: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 111.

Decision rationale: The clinical documentation submitted does not support the request for medi-patch. Guidelines recommend short term use, no more that 4 weeks. Not recommended for osteoarthritis, or myofasical pain, therefore medical necessity has not been established. The request was for Medi-Patch is not medically necessary.