

Case Number:	CM14-0008267		
Date Assigned:	02/12/2014	Date of Injury:	01/28/2009
Decision Date:	06/24/2014	UR Denial Date:	01/06/2014
Priority:	Standard	Application Received:	01/22/2014

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 Anesthesiology and Pain 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 53-year-old female who sustained an injury on 01/28/2009. No specific mechanism of injury was noted. Rather this was a cumulative trauma type injury, which resulted in the development of neck pain radiating to the left upper extremity. The injured worker is noted to have had a prior cervical fusion from C4 to C6 performed in January of 2010; however, the injured worker has been followed for persistent neck pain following the surgery. The injured worker has been utilizing chronic medications to include Tramadol, Soma, and Ambien. The injured worker was seen on 10/11/2013 by [REDACTED]. At this evaluation, the injured worker continued to utilize Tramadol 50mg three (3) times a day, Cymbalta 60mg twice daily, and Ambien 5mg daily. This report indicated that Soma had been discontinued. On physical examination, the injured worker was noted to have limited range of motion in the cervical spine. Spurling's signs were negative. There was some asymmetric sensation in the upper extremities, primarily at the left forearm. The injured worker was recommended to continue with medications to include Flexeril, Tramadol, Ambien, Cymbalta, and Naproxen. The injured worker was seen on 12/12/2013 by [REDACTED]. The injured worker's physical examination findings were relatively unchanged. The injured worker did receive trigger point injections at this visit. Medications to include Ambien 5mg, Soma 350mg, and Tramadol 50mg one to three (1-3) times daily were all denied by utilization review on 01/06/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

AMBIEN 5 MG EVERY BEDTIME: 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 that the use of Ambien to address insomnia is recommended for a short term duration no more than six (6) weeks. The clinical documentation submitted for review does not provide any indications that the use of Ambien has been effective in improving the claimant's overall functional condition. As such, the request is not medically necessary or appropriate.

SOMA 350 MG ONE DAILY: 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 muscle relaxants Page(s): 63-67.

Decision rationale: The Chronic Pain Guidelines recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic low back pain. In regards to the request for Soma 350mg daily, the last clinical report from the treating physician, in December of 2013 noted that this medication was discontinued. No further clinical reports were noted indicating that this medication had been recommended for resumption. As such, this reviewer would not have recommended this medication as medically necessary.

TRAMADOL 50 MG 1-3 DAILY: 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 opiates, criteria for use Page(s): 88-89.

Decision rationale: The clinical documentation provided for review did not identify any specific functional benefits or pain reduction obtained with the use of this medication that would have supported its ongoing use. The Chronic Pain Guidelines indicate that medications such as Tramadol can be utilized in addressing moderate to severe musculoskeletal complaints. The guidelines recommend that there be ongoing assessments noting functional benefit and pain reduction achieved with the medication. As this was not present on the clinical reports provided, this reviewer would not have recommended this medication as medically necessary.