

Case Number:	CM14-0109675		
Date Assigned:	08/01/2014	Date of Injury:	02/05/1997
Decision Date:	09/26/2014	UR Denial Date:	06/16/2014
Priority:	Standard	Application Received:	07/15/2014

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 Internal Medicine, 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 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 64 year old female who sustained an injury on 02/05/1997 due to repetitive work injuries. Prior treatment has included the use of physical therapy, chiropractic treatment and acupuncture. The injured worker has also received trigger point injections and has previously utilized a TENS unit. Multiple medications in the injured worker's history are noted to include Adderall, Vyvanse, Ambien, Restoril and multiple medical foods as well as nutritional supplements. The injured worker also utilized Lyrica and Provigil. The injured worker was noted to have been recently recommended for cervical fusion due to severe stenosis and compression of the spinal cord. There were no further postoperative assessments or any indication for surgery after April 2014. The injured worker was seen on 02/19/14 regarding her multiple complaints of neck pain, radicular symptoms and Raynaud's disease. The injured worker did have objective findings consistent with myelopathy. The injured worker was noted to have an ataxic gait. No specific discussions regarding medications were noted. The requested Gabapentin, Therabenzaprine, Sentrafloxam, and Sentrazolpidem were all denied by utilization review on 06/13/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gabapentin, Date of Service: 2/19/14: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms & cardiovascular risk Page(s): 69.

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, Medical Foods.

Decision rationale: The 02/19/14 clinical report did not specifically discuss this medication or the rationale for use. This does appear to be a combination medical food and prescription medication. It is unclear what the actual dose of the prescribed medication is. No specific duration or frequency was noted for this medication. Given the lack of any specific clinical rationale for the use of this compounded medication, the request is not medically necessary.

Therabenzaprine 60, Date of Service: 2/19/14: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 63-64.

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, Medical Foods.

Decision rationale: The 02/19/14 clinical report did not specifically discuss this medication or the rationale for use. This does appear to be a combination medical food and prescription medication. It is unclear what the actual dose of the prescribed medication is. No specific duration or frequency was noted for this medication. Given the lack of any specific clinical rationale for the use of this compounded medication, the request is not medically necessary.

Sentraflox AM 10, Date of Service: 2/19/14: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines SSRIs (selective serotonin reuptake inhibitors) Page(s): 107.

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, Medical Foods.

Decision rationale: The 02/19/14 clinical report did not specifically discuss this medication or the rationale for use. This does appear to be a combination medical food and prescription medication. It is unclear what the actual dose of the prescribed medication is. No specific duration or frequency was noted for this medication. Given the lack of any specific clinical rationale for the use of this compounded medication, the request is not medically necessary.

Sentrazolpidem PM 5, Date of Service: 2/19/14: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation OGD Pain Zolpidem (Ambien).

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, Medical Foods.

Decision rationale: The 02/19/14 clinical report did not specifically discuss this medication or the rationale for use. This does appear to be a combination medical food and prescription medication. It is unclear what the actual dose of the prescribed medication is. No specific duration or frequency was noted for this medication. Given the lack of any specific clinical rationale for the use of this compounded medication, the request is not medically necessary.