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| Case Number: | CM14-0017230 | | |
| Date Assigned: | 04/14/2014 | Date of Injury: | 01/01/2002 |
| Decision Date: | 05/29/2014 | UR Denial Date: | 02/04/2014 |
| Priority: | Standard | Application Received: | 02/11/2014 |

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 Occupational 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 expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records: The patient has filed a claim for brachial neuritis associated with an industrial injury date of January 1, 2002. Treatment to date has included cervical fusion and laminectomy, epidural steroid injections, and medications. Medical records from 2013 through 2014 were reviewed showing the patient complaining of neck pain and left shoulder pain. The pain is noted to be increased to 6/10 with the use of medications. The pain is rated at 9/10 without medications. Medications have been helpful in terms of obtaining restful sleep. On examination, there were noted moderate muscle spasms with tenderness over the cervical facets. The cervical range of motion was noted to be decreased. Left shoulder range of motion was noted to be decreased as well.

IMR ISSUES, DECISIONS AND RATIONALES

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

RETRO: SENTRA PM #60, 1/15/14: 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, Medical Foods.

Decision rationale: The Expert Reviewer's decision rationale: The CA MTUS does not address medical food specifically. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, the Official Disability Guidelines, (ODG), Pain Chapter, Medical food was used instead. The Official Disability Guidelines state that medical foods are dietary management for a specific medical disorder, disease, or condition for which there are distinctive nutritional requirements. Medical foods must be used under medical supervision. In this case, the patient took Sentra PM in December 2013. However, this was later discontinued in January as other medications were able to help with the patient's sleep. In addition, there is no evidence support the use of this medical food for the treatment of any of the patient's conditions. Therefore, the request for Sentra PM is not medically necessary.

RETRO: CYCLOBENZAPRINE 7.5MG #60, 1/15/14: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medical Treatment Guidelines, Cyclobenzaprine Page(s): 41-42.

Decision rationale: The Expert Reviewer's decision rationale: As stated on pages 41-42 of the California MTUS Chronic Pain Medical Treatment Guidelines, cyclobenzaprine is recommended as an option as a short course therapy for management of back pain. In this case, the patient has been taking cyclobenzaprine since July 2013. However, long-term use is not recommended. There is no discussion concerning the need for variance from the guidelines. Therefore, the request for cyclobenzaprine was not medically necessary.