

<b>Case Number:</b>	CM14-0161592		
<b>Date Assigned:</b>	10/07/2014	<b>Date of Injury:</b>	11/16/2009
<b>Decision Date:</b>	11/28/2014	<b>UR Denial Date:</b>	09/24/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/01/2014

### 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 Physical Medicine & Rehabilitation, 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 47-year-old female who sustained an injury on November 16, 2009. She is diagnosed with (a) cervical spondylosis multilevel, greatest at C4-5 and C5-6, moderate at C6-7 and lesser at C3-4; (b) radiculopathy left upper extremity secondary to cervical spondylosis; (c) status post anterior cervical fusion and discectomy at C4-5, C5-6, and C6-7 with right iliac aspiration, bone graft, and anterior cervical plate done on June 8, 2012; (d) status post removal of retained anterior cervical plate, cervical spine, September 2013; (e) cervical spondylosis C7-T1 with primarily axial neck pain. She was seen for an evaluation on August 25, 2014. She complained of constant neck pain, which was moderate to moderately severe in degree. She also complained of pain radiating to upper extremities as well as numbness, tingling, and paresthesias. Examination of the cervical spine revealed the anterior cervical incision to be healing well. There was keloid formation with only mild tenderness. There was moderate to moderately severe paraspinal muscle guarding with tenderness. There was slight to moderate occipital tenderness bilaterally. There was moderately severe trapezius spasm with tenderness.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Quazepam 15mg QHS #30:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Treatment in Workers Compensation, Pain: Doral

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain (Chronic), Insomnia treatment

**Decision rationale:** The request for Quazepam 15 mg #30 is not medically necessary at this time. It has been determined that the injured worker has been taking benzodiazepine for sleep difficulty on a long-term basis. Guidelines recommend the use of this medication on a short-term basis only. Therefore, this request is not medically necessary.

**Miseflax 67/65/200 QID #120:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Treatment in Workers Compensation/Pain: Medical Food

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic), Medical food

**Decision rationale:** The request for Miseflax 67/65/200 is not medically necessary at this time. Indication for the prescription of Miseflax was not provided in the reviewed medical records. More so, clinical scenario of the injured worker does not indicate any specific disorder, disease, or condition that is in need for dietary management. Hence, the request for Miseflax is not medically necessary at this time.