

Case Number:	CM14-0175291		
Date Assigned:	10/27/2014	Date of Injury:	11/12/2001
Decision Date:	12/11/2014	UR Denial Date:	09/29/2014
Priority:	Standard	Application Received:	10/21/2014

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 and Rehabilitation, has a subspecialty in Interventional spine 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 patient is a 68-year-old female with an injury date of 11/12/2001. Based on the 06/24/2014 progress report, the patient complains of having bilateral neck pain radiating to the bilateral shoulders. She has a severe flareup of her neck pain radiating to her upper extremities which relates to her stress. There is bilateral spasm noted in the paravertebral muscles in the neck from C2-C3 level down to the trapezius. There is some tenderness over the bilateral levator scapular muscles as well. There is palpable spasm with a trigger sign noted in the bilateral trapezius muscles and bilateral paravertebral muscles of the neck. The 07/15/2014 report indicates that the patient also has right knee pain. She has increased pain and swelling after she started her 8 sessions of physical therapy. The 07/23/2014 report indicates that the patient has cervicogenic headaches. "She states her neck has been very stiff and very sore, and she has had difficulty sitting, standing, walking and sleeping at night due to the discomfort and stiffness muscular pain in the neck." The patient rates her pain as a 9/10 and indicates that she gets 50% relief with her medication. The patient's diagnoses include the following: 1. Myofascial pain with acute cervical spasm. 2. Cervicalgia. 3. Cervical degenerative disk disease, status post cervical fusion. 4. Cervicogenic headaches. The utilization review determination being challenged is dated 09/17/2014. Treatment reports were provided from 05/06/2014 - 09/16/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Isosorbe 30 mg #60, 1/2 tab by mouth twice a day: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation www.rxlist.com/ismo-drug/indications-dosage.htm

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation WebMD (<http://www.webmd.com/drugs/2/drug-4644-8048/isosorbide-dinitrate-oral/nitrates-oral/details>)

Decision rationale: According to the 09/16/2014 progress report, the patient complains of right knee pain. The request is for Isosorbide 30 mg #60, 1/2 tablet by mouth twice a day. Isosorbide is a Nitrate used for "chest pain (angina) in people with a certain heart condition (coronary artery disease)". Review of the reports does not indicate that the patient has coronary artery disease, nor is there any discussion provided as to why the patient needs Isosorbide. MTUS page 8 requires that the treater monitor the patient's progress and make appropriate recommendations. Without any discussion regarding why this medication is being used, on-going use would not be supported. The request is not medically necessary.