MAXIMUS Federal Services

Case Number:	CM14-0022890		
Date Assigned:	06/11/2014	Date of Injury:	06/07/2003
Decision Date:	07/15/2014	UR Denial Date:	02/14/2014
Priority:	Standard	Application Received:	02/24/2014

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 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 patient is a 50 year old female who was injured on 06/07/2003. The mechanism of injury is unknown. Prior treatment history has included ice/heat pack, TENS unit for pain relief. Prior medication history as 12/10/2013 included Norco 10/325 mg, SIG 1 p.o. bid pm, and Flector 1.3% patch, ibuprofen 200 mg capsule, and Zolpidem titrate 10 mg. The patient underwent a Toradol injection on 12/10/2013.RFA dated 02/07/2014 documented a request for Toradol injection (anti-inflammatory), Flector 1.3% patch, Ibuprofen 200 mg, and Zolpidem 10 mg.Progress report dated 12/10/2013 indicated the patient had complaints of right shoulder pain and right arm pain. She described the pain as aching and burning in nature and she rated it as a 7/10. She complained of joint pain with stiffness, swelling and muscle ache. Objective findings on exam revealed no lordosis, asymmetry, or curvature noted on inspection of the cervical spine. She had tenderness of the paravertebral muscles on the right side. The right shoulder joint exam was within normal limits. Diagnoses are cervical radiculopathy, shoulder pain, and fibromyalgia and myositis. The treatment and plan included a Toradol injection. Her medications were refilled and she was encouraged to continue her home exercise program. Prior utilization review dated 02/14/2014 states the request for Toradol injection, Flector patch, ibuprofen, and Zolpidem were denied as medical necessity has not been established.

IMR ISSUES, DECISIONS AND RATIONALES

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

TORADOL INJECTION: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation (ODG) Official Disability Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 67-72.

Decision rationale: According to the CA MTUS guidelines, Toradol Injection is NSAIDs which is recommended in cases of moderate to severe pain. The medical records document the patient was diagnosed with cervical radiculopathy, shoulder pain and fibromyalgia with myosities, not otherwise specified. The patient had received Toradol injection on 12/10/2013. In the absence of documented significant improvement of pain and function, the request for another Toradol injection is not medically necessary according to the guidelines.

FLECTOR PATCH: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Non-Steroidal Anti-Inflammatory Drugs (NSAID).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-112.

Decision rationale: According to the CA MTUS guidelines, Flector patches are NSAIDs topical which are recommended in osteoarthritis and tendinitis of the knee and elbow or other joints that are amenable to topical treatment. The medical records document the patient was diagnosed with cervical radiculopathy, shoulder pain and fibromyalgia with myosities, not otherwise specified. The patient was on Flector patches since 12/10/2013. In the absence of documented significant improvement of pain and function, the request is not medically necessary according to the guidelines.

IBUPROFEN: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAID (Non-Steroidal Anti-Inflammatory Drugs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 67-72.

Decision rationale: According to the CA MTUS guidelines, Ibuprofen is NSAIDs which is recommended in cases if osteoarthritis and ankylosing spondylitis. The medical records document the patient was diagnosed with cervical radiculopathy, shoulder pain and fibromyalgia with myosities, not otherwise specified. The patient was on Ibuprofen since 12/10/2013. In the absence of documented significant improvement of pain and function, the request is not medically necessary according to the guidelines.

ZOLPIDEM 10MG: 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) 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, Zolpidem (AmbienÂ®).

Decision rationale: The CA MTUS guidelines have not addressed the issue of dispute. According to the ODG, Zolpidem is a prescription short-acting non-benzodiazepine hypnotic, which is approved for the short-term (usually two to six weeks) treatment of insomnia. Proper sleep hygiene is critical to the individual with chronic pain and often is hard to obtain. The medical records document the patient was diagnosed with cervical radiculopathy, shoulder pain and fibromyalgia with myosities non otherwise specified. The patient was on Zolpidem since 12/10/2013. In the absence of documented failure trial of proper sleep hygiene methods, and as this medication is not indicated for long-term use, the request is not medically necessary according to the guidelines.