

Case Number:	CM14-0025547		
Date Assigned:	06/13/2014	Date of Injury:	03/06/2003
Decision Date:	07/15/2014	UR Denial Date:	02/19/2014
Priority:	Standard	Application Received:	02/28/2014

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 Nevada. 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 45-year-old female who was reportedly injured on March 6, 2003. The mechanism of injury is not listed in the records reviewed. The most recent progress note dated March 3, 2014, indicates that there are ongoing complaints of bilateral upper extremity pain and headaches. The physical examination demonstrated cervical paraspinal tenderness and decreased cervical range of motion. There is a positive Spurling's test to the right side and the left side. There was decreased right shoulder range of motion. Examination of the right wrist noted coldness and significant allodynia. A request had been made for Flexeril and Ambien and was not certified in the pre-authorization process on February 19, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

FLEXERIL 10MG #40: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CYCLOBENZAPRINE (FLEXERIL).

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

Decision rationale: According to the medical record, the injured employee has cervical spine tenderness and decreased range of motion. Flexeril is intended to be used for episodic, short-term

relief of muscle tension and spasms. The previous utilization review dated February 19, 2014, did not address the usage of Flexeril. The injured employee may very well benefit from the use of this medication. This request for Flexeril is medically necessary.

AMBIEN CR 12.5MG #30: 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 (Chronic), Ambien, Updated June 10, 2014.

Decision rationale: Ambien is a medication intended for use as a sleep aid. There is no mention in the medical record about the injured employee having difficulty sleeping or any potential relation of sleeping difficulties to the compensable injury. For these reasons, this request for Ambien is not medically necessary.