MAXIMUS Federal Services

Case Number:	CM14-0034101		
Date Assigned:	06/20/2014	Date of Injury:	10/15/2003
Decision Date:	07/22/2014	UR Denial Date:	02/21/2014
Priority:	Standard	Application Received:	03/18/2014

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 56-year-old female injured on October 15, 2003. The mechanism of injury was noted as a slip and fall type event. The most recent progress note, dated May 19, 2014, indicated that there were ongoing complaints of neck and low back pain. The physical examination demonstrated a 5'1", 112 pound individual in no acute distress. The surgical incision in the lumbar spine was intact. A decrease in lumbar spine range of motion was noted, but no focal neurological deficits identified. Diagnostic imaging studies objectified multiple level osteoarthrosis and multiple sites of osteoarthritis. Previous treatment included surgical intervention, multiple medications, transdermal delivery models or medications. A request had been made for multiple medications and was not certified in the pre-authorization process on February 20, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lunesta 3mg #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 (ODG), Treatment index, 12th Edition (web), 2014, Pain-insomnia treatment.

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, Insomnia.

Decision rationale: The California Medical Treatment Utilization Schedule does not address this medication. Official Disability Guidelines states a sleep preparation such as this is indicated for short term use alone. There is no chronic or indefinite indication for such a medication. Therefore, based on the clinical information presented in the progress notes reviewed and by the parameters listed in the guidelines, this is not medically necessary.

Soma 350mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 63-66.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 63-66 of 127.

Decision rationale: Use of this muscle relaxant type medication is not recommended in the Chronic Pain Medical Treatment Guidelines. The side effect profile possible complications far outweigh the clinical indication. Furthermore, this is to be a short term response to acute muscle spasm, and there was no clinical indication for chronic or indefinite use. As such, this is not medically necessary.