

Case Number:	CM14-0035485		
Date Assigned:	06/25/2014	Date of Injury:	08/06/2012
Decision Date:	07/25/2014	UR Denial Date:	02/20/2014
Priority:	Standard	Application Received:	03/21/2014

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 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 injured worker is a 55 year old female who has reported to have sustained work-related injuries on 08/06/12. The mechanism of injury is not described. Complaints of neck, back and right shoulder pain and post-traumatic vertigo are noted. The injured worker reports pain levels ranging from 6-9/10. The record demonstrates the injured is taking oral medications which do help. Physical examination is noted to have reduced cervical range of motion. Spurling's maneuver is negative bilaterally. Examination of the right shoulder notes tenderness about the biceps tendon. There is tenderness in the acromioclavicular joint. Abduction is to 150 degrees, flexion is to 160 degrees and external rotation is to 80 degrees. There is tenderness over the thoracic and lumbar paraspinal musculature. Current medications include Diclofenac XR 100mg and Gabapentin 600mg. The record contains a utilization review determination dated 02/20/14 in which requests for Zolpidem 10mg #30 and Cyclobenzaprine 7.5mg #60 were non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Zolpidem 10 mg. # 30 QTY: 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) / Insomnia Treatments.

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, Zolpidem.

Decision rationale: The request for Zolpidem 10 mg #30 is not supported as medically necessary. The submitted clinical records indicate that the injured worker has a date of injury of 06/08/12. She is now nearly 2 years post date of injury. Current evidence based guidelines do not support the chronic use of Zolpidem in the treatment of sleep dysfunction. Per Official Disability Guidelines, this medication may be used for 2-3 weeks until the normalization of sleep has occurred and at that time it should be discontinued. The data provides no extenuating circumstances for which this medication should be continued.

Cyclobenzaprine 7.5 mg. # 60 QTY: 60: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chronic Pain Treatment Guidelines Muscle Relaxants (for pain) Page(s): : 64/ Page 117, 303.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxant Page(s): 63-66.

Decision rationale: The request for Cyclobenzaprine 7.5 mg. #60 is not supported as medically necessary. Per evaluation of serial physical examinations, there is no evidence of mild spasm documented for which this medication would be clinically indicated. It would further be noted that CAMTUS does not support the prolonged use of muscle relaxants in the treatment of chronic pain. As such the medical necessity for continuation of this medication has not been established.