MAXIMUS Federal Services

Case Number:	CM14-0035628		
Date Assigned:	06/23/2014	Date of Injury:	03/02/2012
Decision Date:	07/25/2014	UR Denial Date:	03/13/2014
Priority:	Standard	Application Received:	03/24/2014

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 Orthopedic Surgery 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 injured worker is a 50-year-old female who was reportedly injured on March 2, 2012. The mechanism of injury was noted as, while walking, the injured employee's ankle "gave out" and there have been ongoing complaints of neck pain and low back pain subsequently. The most recent progress note dated June 9, 2014, indicated that there were ongoing complaints of neck pain and left upper extremity pain. The physical examination demonstrated an individual in moderate distress with muscle spasm of the cervical spine and a decrease cervical spine range of motion. Diagnostic imaging studies objectified a loss of cervical lordosis, degenerative changes and canal and foraminal stenosis. Previous treatment included urine toxicology studies, cervical epidural steroid injections, multiple medications and physical therapy. A request had been made for Zolpidem tartrate and was not certified in the pre-authorization process on March 13, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Zolpidem tartrate 10mg #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).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) formulary, appendix a, pain chapter updated July 2014.

Decision rationale: The parameters noted in the Official Disability Guidelines were applied. 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. Various medications may provide short-term benefit. Furthermore, as noted in the literature, pain specialists rarely, if ever, recommend them for long-term use. Therefore, when noting the ongoing complaints of pain, and there was no discussion of sleep issues in the progress notes, there is no clinical indication presented to support this request. Therefore, the request for Zolpidem tartrate 10 mg # 30 is not medically necessary and appropriate.

Robaxin 500mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines : 8 C.C.R. 9792.20 - 9792.26 (Effective July 18, 2009) Page(s): 65 OF 127.

Decision rationale: The MTUS guidelines classify Robaxin (methocarbamol) as a muscle relaxant; however, the mechanism of action is unknown, but it appears to be related to central nervous system depressant effects with related sedative properties. Given the claimant's chronic pain, current medications and the findings noted on physical examination, there was no clear demonstration of the efficacy or utility of this preparation as an ongoing muscle spasm. Therefore, the request for Robaxin 500 mg # 60 is not medically necessary and appropriate.