

<b>Case Number:</b>	CM14-0036129		
<b>Date Assigned:</b>	06/23/2014	<b>Date of Injury:</b>	02/16/2013
<b>Decision Date:</b>	08/21/2014	<b>UR Denial Date:</b>	03/05/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	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 records presented for review indicate that this 44 year-old individual was reportedly injured on February 16, 2013. The mechanism of injury is not listed in these records reviewed. The most recent progress note, dated June 13, 2014, indicates that there are ongoing complaints of neck and scapular area pain. The physical examination demonstrated a 5'11", 260 pound individual who was hypertensive (148/98). The employee is noted to be in "no acute distress." There is tenderness to palpation of the posterior cervical spine musculature. No atrophy is noted in the bilateral upper or lower extremities. A restricted range of motion cervical spine is reported. Sensation is intact and muscle strength is under be 5/5. The overall clinical situation is unchanged from the previous visit. Diagnostic imaging studies (EMG) are pending. Previous treatment includes multiple medications, physical therapy, and other conservative interventions. A request had been made for multiple medications and was not certified in the pre-authorization process on March 24, 2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Naproxen 550 mg, #60 tablets:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM, Chronic Pain Treatment Guidelines Anti-inflammatory medications Page(s): 22.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page(s): 66 & 73 of 127.

**Decision rationale:** When noting the date of injury, the injury sustained, the current complaints and the findings on physical examination there is no clinical indication of any increase functionality or efficacy with the use of this medication. Lifting, driving in any activities exacerbate the pain complaints. The pain level is noted to be 7/10 on the visual analog scale and there is no objectification that there has been significant reduction in those symptomology's with uses medication. As such, when noting the parameters outlined in the MTUS, this medication is for the short-term management of moderate to severe breakthrough pain; and there is no indication of a need for a chronic, routine daily medication the continued use of this preparation has not been medically established. Therefore, the request is not medically necessary.

**Hydrocodone 10/325 mg, #120 tablets:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Short-acting Opioids.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26. MTUS (Effective July 18, 2009) Page(s): 74-78 of 127.

**Decision rationale:** When noting the date of injury, the injury sustained, the current complaints and the findings on physical examination there is no clinical indication of any increase functionality or efficacy with the use of this medication. Lifting, driving in any activities exacerbate the pain complaints. The pain level is noted to be 7/10 on the visual analog scale and there is no objectification that there has been significant reduction in those symptomology's with uses medication. As such, when noting the parameters outlined in the MTUS, this medication is for the short-term management of moderate to severe breakthrough pain; and there is no indication of a need for a chronic, routine daily medication the continued use of this preparation has not been medically established. Therefore, the request is not medically necessary.

**Zolpidem 10 mg, #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 Ambien (zolpidem).

**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 updated July, 2014).

**Decision rationale:** It is noted that this medication is not addressed in either the MTUS and the ACOEM guidelines. As for the ODG, this is a short acting non-benzodiazepine hypnotic medication approved for the short-term (2-6 weeks) treatment of insomnia. This is not indicated to be a chronic, indefinite routine type medication. As such, when noting the parameters outlined in the ODG tempered with the date of injury and the findings on physical examination

there is no medical necessity for this preparation established. Therefore, the request is not medically necessary.