

Case Number:	CM14-0068218		
Date Assigned:	07/14/2014	Date of Injury:	02/13/2004
Decision Date:	09/09/2014	UR Denial Date:	04/18/2014
Priority:	Standard	Application Received:	05/12/2014

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 Anesthesiology, has a subspecialty in Pain Medicine 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 54 year old female who had a work related injury on 02/13/14. Mechanism of injury occurred when she fell on the stairs, current diagnoses; bilateral knee osteoarthritis, bilateral knee medial meniscus tear, bilateral shoulder tendinitis, carpal tunnel syndrome bilateral wrist. Treatment included medication, all four diagnostics, and multiple surgeries. The most recent clinical documentation submitted for review was dated 05/19/14. The injured worker reported taking over the counter Ibuprofen. and had not received any of her medications, pain level was very high 10/10 without medication, not attending therapy nor working, neck was constant neck pain, daily headaches, pain radiated out to both shoulders, numbness and tingling in both hands and into the fingers, mid and low back pain, constant pain radiating down to the buttocks and both, with numbness on the back of legs to feet, both shoulders there were pain, greater on the left, range of motion was limited, numbness and weakness in both wrists with no pain, swelling at night of both wrists both hands, both knees, pain in bilateral knees ,and occasional swelling of left knee, popping and giving out greater on the left, tenderness over scapula and rhomboids bilaterally. Prior utilization review on 04/22/14 was non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cyclobenzaprine 10mg #30 with three (3) refills: Upheld

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

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

Decision rationale: As noted in the Chronic Pain Medical Treatment Guidelines, muscle relaxants are recommended as a second line option for short term (less than two weeks) treatment of acute low back pain and for short term treatment of acute exacerbations in patients with chronic low back pain. Studies have shown that the efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. Based on the clinical documentation, the patient has exceeded the two to four week window for acute management also indicating a lack of efficacy if being utilized for chronic flare ups. As such, the medical necessity of this medication cannot be established at this time. Additionally, the objective findings failed to establish the presence of spasm warranting the use of muscle relaxants.

Zolpidem 10mg #30 with three (3) refills: 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), Zolpidem (Ambien®).

Decision rationale: As noted in Official Disability Guidelines (ODG), Ambien is approved for the short term (usually two to six weeks) treatment of insomnia. Pain specialists rarely, if ever, recommend it for long term use. Ambien can be habit forming, and may impair function and memory more than opioid pain relievers. There is also concern that it may increase pain and depression over the long term. The patient has been utilizing this medication on a long term basis, exceeding the recommended two to six week window of use. As such, the request for Ambien 10 milligrams cannot be recommended as medically necessary.