

Case Number:	CM14-0098745		
Date Assigned:	08/06/2014	Date of Injury:	03/21/2013
Decision Date:	09/10/2014	UR Denial Date:	06/11/2014
Priority:	Standard	Application Received:	06/26/2014

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 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 45-year-old female who reported injury on 03/21/2013. The mechanism of injury was not provided. The injured worker underwent multiple MRIs. There was no DWC Form RFA or PR-2 submitted for the requested medications. The surgical history and prior treatments were not provided for review. The diagnosis included global pain syndrome.

IMR ISSUES, DECISIONS AND RATIONALES

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

Zanaflex 4mg, qty 90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63.

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

Decision rationale: The California MTUS Guidelines recommend muscle relaxants as a second line option for the short term treatment of acute low back pain. Their use is recommended for less than 3 weeks. The clinical documentation submitted for review failed to provide a DWC Form RFA or PR-2 to support the requested medication. The duration of use could not be established. The request as submitted failed to indicate the frequency for the requested medication. Given the above, the request for Zanaflex 4mg, qty 90 is not medically necessary.

Xanax XR 0.5mg, qty 60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24.

Decision rationale: The California MTUS Guidelines do not recommend the use of benzodiazepines as treatment for injured workers with chronic pain for longer than 3 weeks due to a high risk of psychological and physiological dependence. The clinical documentation submitted for review failed to provide a DWC Form RFA or PR-2 to support the requested medication. The duration of use could not be established. The request as submitted failed to indicate the frequency for the requested medication. Given the above, the request for Xanax XR 0.5mg, qty 60 is not medically necessary.

Prilosec 20mg, qty 60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Proton Pump Inhibitors Page(s): 68. Decision based on Non-MTUS Citation Official Disability Guidelines - Treatment in Workers Compensation, Pain Chapter.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 69.

Decision rationale: The California MTUS Guidelines recommend PPIs for the treatment of dyspepsia secondary to NSAID therapy. The clinical documentation submitted for review failed to provide a DWC Form RFA or PR-2 to support the requested medication. The duration of use could not be established through supplied documentation. The request as submitted failed to indicate the frequency for the requested medication. Given the above, the request for Prilosec 20mg, qty 60 is not medically necessary.

Ambien 10mg, 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 - Treatment in Workers Compensation, Pain Chapter.

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 Official Disability Guidelines indicate that Zolpidem is appropriate for short term use as an insomnia treatment for 2 weeks to 6 weeks. The clinical documentation submitted for review failed to provide a DWC Form RFA or PR-2 to support the requested

medication. The clinical documentation submitted for review failed to provide the duration of use. The request as submitted failed to indicate the frequency for the requested medication. Given the above, the request for Ambien 10mg, qty 30 is not medically necessary.

Genicin, qty 90: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Glucosamine (and Chondroitin Sulfate) Page(s): 50.

Decision rationale: The California MTUS Guidelines recommend glucosamine and chondroitin sulfate for injured workers with moderate arthritis pain. The clinical documentation submitted for review failed to provide a DWC Form RFA or PR-2 to support the request. There was a lack of documentation indicating the injured worker had osteoarthritis. The duration of use could not be established through supplied documentation. The request as submitted failed to indicate the frequency and the strength for the requested Genicin. Given the above, the request for Genicin, qty 90 is not medically necessary.

Somincin, qty 60: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines - Treatment in Workers Compensation, Pain Chapter, Medical Food.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Official Disability Guidelines, Pain Chapter, Insomnia Treatment.

Decision rationale: The Official Disability Guidelines indicate that non-pharmacologic treatment includes stimulus control, progressive muscle relaxation, and paradoxical intention. Treatments that are thought to efficacious include sleep restriction, biofeedback, and multifaceted cognitive behavioral therapy. Suggestions for improved sleep hygiene: (a) Wake at the same time every day; (b) Maintain a consistent bedtime; (c) Exercise regularly (not within 2 hours to 4 hours of bedtime); (d) Perform relaxing activities before bedtime; (e) Keep your bedroom quiet and cool; (f) Do not watch the clock; (g) Avoid caffeine and nicotine for at least six hours before bed; (h) Only drink in moderation; & (i) Avoid napping. Per advancedrxmgmt.com, "Somnicin, an oral medication of natural ingredients, helps and promotes sleep. Insomnia and sleeping problems can be linked to pain and often thought of as a sign and/or symptom of physical, emotional, and/or mental health. Somnicin's ingredients help relax the body, allow adequate blood flow, and may help in other conditions such as depression, anxiety, or some pains. Melatonin, 5-HTP, and L-tryptophan help balance the pathway responsible for a normal sleep cycle". Also included in the compound are B-6 and Magnesium. There was no DWC Form RFA or PR-2 submitted with the request. The duration of use could not be established through supplied documentation. The request as submitted failed to indicate

the frequency and the strength for the requested Somnicin. Given the above and the lack of documentation, the request for Somincin, qty 60 is not medically necessary.