

<b>Case Number:</b>	CM14-0194431		
<b>Date Assigned:</b>	12/02/2014	<b>Date of Injury:</b>	09/18/2000
<b>Decision Date:</b>	01/30/2015	<b>UR Denial Date:</b>	10/27/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/20/2014

### 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 Family Practice, 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:

Patient had a date of injury on 9/18/2000. Mechanism of injury is not given in the medical records. Diagnosis includes: migraine, cervical pain, lumbar degenerative disc disease, shoulder pain and cervical facet syndrome.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **20 Tablets of Ambien 10mg: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) insomnia, ambien.

**Decision rationale:** According to guidelines it states Ambien is used for short term use for treatment of insomnia usually two to six weeks. According to the medical records it states the patient has been on Ambien for a prolonged period of time and is not medically necessary.

#### **180 Tablets Norco 10/325: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines opioids Page(s): 76-82.

**Decision rationale:** According to guidelines it states opioids should only be continued if there is functional improvement. It also states chronic use of opioids can lead to dependence and addiction. According to the patient's medical records it does not state the patient has functional improvement with Norco usage and thus is not medically necessary.

**120 Tablets of Soma 350mg:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Carisoprodol Page(s): 29.

**Decision rationale:** According to guidelines it recommends Soma to be used for short term and is not recommended for long term use. The patient has been on Soma for an extensive period of time and is not recommended.

**12 Tablets of Maxalt-MLT 10mg:** 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 for Workers' Compensation, Online Edition Chapter: Head Rizatriptan (Maxalt)

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: [www.epocrates.com](http://www.epocrates.com).

**Decision rationale:** According to guidelines Maxalt is used for patients with acute migraines. According to the medical records there is no documentation if the patient still suffers from migraines and thus is not medically necessary.