MAXIMUS Federal Services

Case Number:	CM15-0004095		
Date Assigned:	01/15/2015	Date of Injury:	05/03/2005
Decision Date:	03/20/2015	UR Denial Date:	12/26/2014
Priority:	Standard	Application Received:	01/08/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
State(s) of Licensure: California, New York, Florida
Certification(s)/Specialty: Internal Medicine, Pulmonary Disease, Critical Care Medicine

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 male who reported an injury on 05/03/2005. The mechanism of injury was not specifically stated. The current diagnoses include cervical discopathy with disc displacement, status post cervical fusion, lumbar discopathy with disc displacement, status post lumbar fusion, thoracic spine musculoligamentous injury and load disorder. The injured worker presented on 11/29/2014 with complaints of mid thoracic pain with radiation. The injured worker also reported cervical pain with radiation to the back of the head and in between the shoulder blades, as well as headaches and difficulty sleeping. Upon examination of the cervical spine, there was tenderness to palpation of the cervical paraspinal musculature, a well healed incision at the left anterior cervical area, decreased range of motion secondary to pain and stiffness, and negative Spurling's maneuver. Upon examination of the lumbar spine, there was tenderness to palpation, a well healed incision, and decreased range of motion secondary to pain and stiffness. Motor strength was 5/5 in all upper and lower extremities. Sensation was intact to light touch and pinprick. Reflexes were 1+ throughout. Recommendations at that time included continuation of the current medication regimen of Fexmid 7.5 mg, Maxalt 5 mg, Nalfon 400 mg, Paxil 20 mg, Prilosec 20 mg, Ultram ER 150 mg, Norco 10/325 mg and a compounded cream. A Request for Authorization form was then submitted on 11/29/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Fexmid 7.5 MG Twice Per Day #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 63-66.

Decision rationale: California MTUS Guidelines state muscle relaxants are recommended as nonsedating second line options for short term treatment of acute exacerbations. Cyclobenzaprine should not be used for longer than 2 to 3 weeks. The injured worker has continuously utilized the above medications since at least 09/2014. Guidelines do not recommend long term use of muscle relaxants. There was also no documentation of spasticity or palpable muscle spasm upon examination. Given the above, the request is not medically appropriate.

Maxalt 5 MG #18: 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) Head Chapter, Triptans.

Decision rationale: The Official Disability Guidelines state triptans are recommended for migraine sufferers. The injured worker does not maintain a diagnosis of migraine headaches. The injured worker did not report chronic migraines. The medical necessity for the requested medication has not been established. There was also no frequency listed in the request. As such, the request is not medically appropriate.

Ambien 10 MG Every Night #30: Upheld

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

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

Decision rationale: The Official Disability Guidelines recommend insomnia treatment based on etiology. Ambien is indicated for the short term treatment of insomnia with difficulty of sleep onset for 7 to 10 days. The injured worker does not maintain a diagnosis of insomnia. There is no documentation of a failure of nonpharmacologic treatment prior to the initiation of a

prescription product. Guidelines do not recommend long term use of Ambien. Given the above, the request is not medically appropriate.

Urine Toxicology Screen: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 43,77,89. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chronic Pain Chapter, Urine Drug Testing.

Decision rationale: California MTUS Guidelines state drug testing is recommended as an option using a urine drug screen to assess for the use or presence of illegal drugs. The Official Disability Guidelines state the frequency of urine drug testing should be based on documented evidence of risk stratification. Patients at low risk of addiction or aberrant behavior should be tested within 6 months of initiation of therapy and on a yearly basis thereafter. There was no mention of noncompliance or misuse of medication. There is also no indication that this injured worker falls under a high risk category that would require frequent monitoring. Therefore, the medical necessity has not been established in this case. As such, the request is not medically appropriate.