

Case Number:	CM15-0028098		
Date Assigned:	02/20/2015	Date of Injury:	11/02/2011
Decision Date:	04/14/2015	UR Denial Date:	02/11/2015
Priority:	Standard	Application Received:	02/13/2015

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: Pennsylvania, Ohio, California
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 51-year-old female, who sustained an industrial injury on 11/2/11. The injured worker has complaints of neck pain that radiates between the shoulder blades. She has complaints of ongoing headaches, difficulty hearing, difficulty sleeping, trouble swallowing, nausea and memory loss. Cervical spine and upper extremities noted there was no tenderness or spasms of the paracervicle muscles or spinous processes, no tenderness over the neck, base of the skull, trapezius musculature bilaterally, interscapular space or the anterior cervical musculature. She does have positive spurlings sign to the left. Computed Tomography (CT) scan of the head 11/14/11 was negative, no fracture, normal brain imaging and no lesions or blood in the ventricles. Cervical spine X-rays 2/24/13 showed C4-C5, C5-6 and C6-C7 disc space narrowing, anterior spurring, C5-C6 and C6-C7 loss of motion on flexion. Magnetic Resonance Imaging (MRI) of the brain 4/20/12 was unremarkable. The diagnoses have included cervical strain; closed head injury and mild to moderate foraminal narrowing C5-C7. According to the utilization review performed on 2/11/15, the requested Xanax 1mg #60 has been modified to Xanax 1mg #54. The requested Ambien 10mg #30 has been modified to Ambien 10mg #15. The requested Baclofen 10mg #30 has been requested to Baclofen 10mg #15. The requested Tramadol 50mg #120 has been certified. California Medical Treatment Utilization Schedule (MTUS), tramadol, Xanax, Ambien and Baclofen and Chronic Pain Medical Treatment Guidelines were used in the utilization review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Xanax 1mg #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 (ODG) Selective Serotonin Reuptake Inhibitors.

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

Decision rationale: Benzodiazepines are not recommended by MTUS for long-term use due to lack of demonstrated efficacy and a risk of dependence. Tolerance to hypnotic or anxiolytic effects is common, and long-term use may actually increase rather than decrease anxiety. Benzodiazepines are rarely a treatment of choice in a chronic condition. The records do not provide a rationale for an exception to this guideline. This request is not medically necessary.

Ambien 10mg #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 (ODG) Non Benzodiazepine Sedative hypnotics.

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

Decision rationale: MTUS does not discuss this medication. Official Disability Guidelines/ Treatment in Workers's Compensation/Pain/ Insomnia Treatment does discuss Ambien/ Zolpidem. This guideline notes that Zolpidem/Ambien is indicated for short-term use, generally up to 10 days. Treatment guidelines do not recommend this medication for ongoing or chronic use; the records in this case do not provide a rationale for an exception to this guideline. This request is not medically necessary.

Baclofen 10mg #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants/Baclofen Page(s): 64.

Decision rationale: MTUS discusses Baclofen as recommended for central nervous system diagnoses including multiple sclerosis or spinal cord injury. MTUS does not recommend this medication for diagnoses not related to the central nervous system. The records do not provide an alternate rationale for this request. The request is not medically necessary.

