

Case Number:	CM15-0083601		
Date Assigned:	05/05/2015	Date of Injury:	05/25/2012
Decision Date:	07/03/2015	UR Denial Date:	04/13/2015
Priority:	Standard	Application Received:	05/01/2015

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, Hawaii
 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 45 year old female, who sustained an industrial injury on 5/25/2012. The current diagnoses are cervical spine sprain/strain with right upper extremity radiculopathy, headaches, insomnia, stress, and sleeplessness. According to the progress report dated 2/11/2015, the injured worker complains of increased neck pain. The level of pain was not rated. Additionally, she reports extreme anxiety, panic attacks, and inability to sleep. The current medication list is not available for review. Treatment to date has included medication management and acupuncture. The plan of care includes MRI of the cervical spine, Voltaren XR, Fexmid, and Sonata.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of the Cervical Spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM ch 8, pg 177-178 Special Studies and Diagnostic and Treatment Considerations.

Decision rationale: The patient presents with extreme anxiety, panic attacks, increased neck pain and the patient is unable to sleep. The current request is for MRI of the cervical spine. The treating physician report dated 2/11/15 does not discuss the need for a cervical MRI. The report states for objective findings. (see eval 2/3/15) The 2/3/15 report is not provided. The diagnosis includes a cervical sprain/strain and upper extremity radiculopathy and myofascial pain syndrome. The ACOEM guidelines support MRI of the cervical spine when red flags are present or when there is physiologic evidence of tissue insult or neurologic dysfunction or with failure to progress in a strengthening program intended to avoid surgery or for clarification of the anatomy prior to an invasive procedure. In this case, the treating physician has not documented any objective findings to indicate the medical necessity for cervical MRI. The current request is not medically necessary.

Voltaren XR 100mg Qty 30: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Online, Pain chapter, Zorvolex, diclofenac, voltaren.

Decision rationale: The patient presents with extreme anxiety, panic attacks, increased neck pain and the patient is unable to sleep. The current request is for Voltaren XR 100mg #3. The treating physician reports provided do not provide any information regarding if this request is for continuation of the medication or an initial prescription. The ODG guidelines state, "not recommended except as a second-line option, because diclofenac products are not recommended as first-line choices due to potential increased adverse effects." In this case, the treating physician has not provided any medical rationale as to why a second line option is required and why a first line NSAID is not prescribed. The current request is not medically necessary.

Fexmid 7.5mg Qty 60: Upheld

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

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

Decision rationale: The patient presents with extreme anxiety, panic attacks, increased neck pain and the patient is unable to sleep. The current request is for Fexmid 7.5mg #60. The treating physician does not discuss the medical necessity of this request. The report states,

"Fexmid, quantity 60 1 po bid." The current request is for a 30 day supply of this medication. The MTUS guidelines support the usage of Cyclobenzaprine (Fexmid) for a short course of therapy, not longer than 2-3 weeks. In this case, the treating physician has prescribed a 30 day supply of Fexmid which is not supported by MTUS. The current request is not medically necessary.

Sonata 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 Disabilities Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Pain chapter, Insomnia treatment.

Decision rationale: The patient presents with extreme anxiety, panic attacks, increased neck pain and the patient is unable to sleep. The current request is for Sonata 10mg #30. The treating physician does not discuss states the current request. The ODG guidelines state that Pharmacological agents should only be used after careful evaluation of potential causes of sleep disturbance. Failure of sleep disturbance to resolve in a 7 to 10 day period may indicate a psychiatric and/or medical illness. In this case, the treating physician has not documented any potential causes of sleep disturbance. The current request is not medically necessary.