

Case Number:	CM14-0160152		
Date Assigned:	10/03/2014	Date of Injury:	03/23/2006
Decision Date:	10/30/2014	UR Denial Date:	09/02/2014
Priority:	Standard	Application Received:	09/29/2014

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 Orthopedic Surgery, 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:

This is a 43-year-old female injured in a work-related accident on 03/23/06. The medical records provided for review documented current complaints of the left shoulder, left upper extremity including the left wrist, and the neck. The clinical progress report dated 08/14/14 revealed pain particularly over the right shoulder and neck and that the claimant was taking medications including Ambien, Xanax, Percocet, and Zoloft. Physical examination revealed restricted range of motion of the cervical spine and right shoulder, increased pain with right shoulder impingement maneuvers, and no documentation of neurologic findings noted. The claimant's working diagnosis was impingement syndrome and chronic neck pain. The recommendations were for refill of medications and a course of physical therapy of eight sessions for the claimant's shoulder and neck.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ambien Tablets 5mg: 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), Pain, Zolpidem (Ambien)

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

Decision rationale: California MTUS and ACOEM Guidelines do not provide criteria relevant to this request. Based on the Official Disability Guidelines, the continued use of Ambien would not be indicated. The Official Disability Guidelines for Ambien (a non-Benzodiazepine hypnotic) do not recommend it for chronic use as it is typically prescribed for treatment of insomnia for only a two to six week period of time. The records provided for review do not identify that the claimant is diagnosed with insomnia. The Official Disability Guidelines would not support the long-term use of Ambien at this stage in the claimant's course of care eight years post injury. The request in this case is not medically necessary.

BoiFreeze Gel: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 2009, Pain, Topical Analgesics.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

Decision rationale: California MTUS Chronic Pain Medical Treatment Guidelines would not support the topical agent, Biofreeze Gel. According to the Chronic Pain Guidelines, the use of topical agents is largely experimental with randomized clinical trials noting limited long term clinical efficacy or documented improvement. The claimant's current clinical presentation and physical examination findings would fail to support the use of a topical "freeze gel." The use of this form of modality in direct relationship to the claimant's work-related injury from 2006 is not supported based on the Chronic Pain Guidelines. Therefore, this request is not medically necessary.

Physical Therapy: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (effective July 18, 2009) Page(s): 98-99.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

Decision rationale: California MTUS Chronic Pain Guidelines would not support the request for formal physical therapy. While the Chronic Pain Guidelines recommend that physical therapy can be utilized in the chronic setting for acute inflammatory findings, there is no indication of acute clinical pathology present at this time for this claimant. The claimant's physical examinations are highly consistent with a chronic injury showing no motor weakness or functional deficit of the neck or shoulder. While there are continued pain complaints, treatment with physical therapy in the chronic setting for this claimant who has already undergone

substantial physical therapy treatment modalities in the past would not be indicated. Therefore, this request is not medically necessary.

Xanax Tablets .5mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 2009, Pain, Benzodiazepines, Xanax Page(s): 24.

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

Decision rationale: California MTUS Chronic Pain Medical Treatment Guidelines do not support the use of Xanax. The Chronic Pain Guidelines state that Benzodiazepines are not recommended for long term use and limit their use to the initial four weeks from injury. The claimant is eight years from the time of injury. Based on the chronic length of time from injury in this claimant's case, the continued use of Xanax, a short-acting agent is not medically necessary.