

Case Number:	CM14-0080947		
Date Assigned:	07/18/2014	Date of Injury:	05/11/2009
Decision Date:	10/16/2014	UR Denial Date:	05/20/2014
Priority:	Standard	Application Received:	06/02/2014

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 Physical Medicine and Rehabilitation and is licensed to practice in Nevada. 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:

The records presented for review indicate that this 62-year-old female was reportedly injured on May 11, 2009. The mechanism of injury is noted as repetitive work. The most recent progress note, dated May 23, 2014, indicates that there are ongoing complaints of neck pain and bilateral shoulder pain. The current medications include Mobic, Lyrica, Ambien, Fexmid, Simvastatin, Benazepril, and Carvedilol and Vicodin. The physical examination demonstrated tenderness of the cervical spine paraspinal muscles on the right greater than the left side. There was also tenderness along the trapezius, paravertebral muscles, levator scapulae, and deltoids. Diagnostic imaging studies were not reviewed during this visit. Previous treatment includes shoulder surgery, physical therapy, chiropractic care, massage, and the use of a tens unit. A request had been made for Mobic 7.5 mg and was not certified in the pre-authorization process on May 20, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Mobic 7.5mg #30: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 61.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 72.

Decision rationale: According to the California Chronic Pain Medical Treatment Guidelines the use of Mobic is indicated for osteoarthritis as well as mild to moderate pain. The injured employee was stated to have chronic pain of the neck and shoulders. Additionally, the dose requested is the lowest dose available. For these reasons, this request for Mobic 7.5 mg is 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 disabilities guidelines- Treatment Index, 11 edition (web), 2013, Pain Chapter, Zolpidem

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Pain (Chronic) - Ambien

Decision rationale: Zolpidem (Ambien) is a prescription short-acting non-benzodiazepine hypnotic, which is approved for the short-term (usually two to six weeks) treatment of insomnia. The guidelines specifically do not recommend them for long-term use for chronic pain. A review of the medical records indicates that this medication has been prescribed for an extended period of time. As such, this request for Ambien is not medically necessary.

Lyrica 100mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-epilepsy drugs, Lyrica Page(s): 16 and 19.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 16-20, 49.

Decision rationale: The California MTUS Chronic Pain Medical Treatment Guidelines considers Lyrica to be a first-line treatment for neuropathic pain. Based on the clinical documentation provided, there is no evidence that the injured employee has had any neuropathic pain, nor are any radicular symptoms noted on physical examination. As such, this request for Lyrica is not medically necessary.