

Case Number:	CM14-0091156		
Date Assigned:	07/25/2014	Date of Injury:	04/29/2002
Decision Date:	09/03/2014	UR Denial Date:	05/27/2014
Priority:	Standard	Application Received:	06/16/2014

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 54 year-old individual was reportedly injured on April 29, 2002. The mechanism of injury is not listed in these records reviewed. The most recent progress note, dated July 3, 2014 indicates that there are ongoing complaints of neck and low back pain. The physical examination noted a 5 foot, 165 pound individual who was hypertensive (131/85) and slightly tachycardic (100 beats per minute). The trigger points are noted in the upper extremities, a decrease in cervical spine range of motion, paravertebral musculature is "taught", there are no trigger points. There is a mild loss of lumbar lordosis, a decrease in lumbar range of motion, and tenderness to palpation. Diagnostic imaging studies were not reviewed. Previous treatment includes trigger point injections (approximately 50% decrease in pain), ice, heat, psychotherapy, physical therapy, multiple medications and other conservative pain management interventions. A request had been made for multiple medications and was not certified in the pre-authorization process on May 27, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ambien 12.5MG, count 30 with 2 refills.: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG (Pain Chapter).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) pain chapter updated July, 2014.

Decision rationale: It is noted that this medication is not addressed in either the MTUS or ACOEM guidelines. The parameters noted in the ODG are used. This is a short-acting, non-benzodiazepine hypnotic which is approved for a short-term treatment for insomnia. As noted in the national coalition allies, this medication should not be dispensed for more than 6 weeks. Therefore, when noting the date of injury, the past utilization syndication and that there is no report efficacy or utility; the medication is not medically necessary.

Zanaflex 4 mg, count 90 with 2 refills.: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines Page(s): 63.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Anti-Spasticity/Anti-spasmodic drugs Page(s): 66.

Decision rationale: As outlined in the MTUS this medication is used to treat spasticity and this is "unlabeled use for low back pain." Therefore, the clinical indication for this medication is quite narrow and the data presented in the progress notes do not meet the criteria. As such, the request for this medication is not medically necessary.