MAXIMUS Federal Services

Case Number:	CM15-0004265		
Date Assigned:	01/15/2015	Date of Injury:	04/06/1994
Decision Date:	03/16/2015	UR Denial Date:	12/26/2014
Priority:	Standard	Application Received:	01/08/2015

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: Texas, Illinois
Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 (IW) is a 61 year old male, who sustained an industrial injury on April 6, 1994. He has reported persistent neck pain and low back pain with radiation to the bilateral lower extremities and was diagnosed with chronic neck pain and lumbar spinal stenosis. Treatment to date has included steroid injections, multiple lumbar and cervical spine surgeries, weight loss plans, and pain medications. Currently, the IW complains of persistent neck pain, low back pain with radiating pain to the bilateral lower extremities. The IW reported continued low back pain after a work related injury in 1994. He was noted to have undergone multiple surgical procedures on the neck and back and continued to report pain. On October 30, 2013, evaluation revealed some weight loss with a weight loss program. The IW reported not exercising on a regular basis. The pain continued. A steroid injection was recommended however surgical intervention was not recommended secondary to the injured workers weight status. On December 26, 2013, evaluation revealed persistent neck pain, low back pain and occasional radiating pain to the right lower extremities. He was noted to be morbidly obese and a weight loss plan was encouraged. Medications were renewed. The disability status was permanent and stationary. On December 26, 2014, Utilization Review non-certified a request for Ambien 10mg #30 and max freeze gel, three tubes, noting the MTUS Guidelines were cited. On January 8, 2015, the injured worker submitted an application for IMR for review of requested Ambien 10mg #30 and max freeze gel, three tubes.

IMR ISSUES, DECISIONS AND RATIONALES

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

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Mental Illness & Stress

Decision rationale: The injured worker sustained a work related injury on to April 6, 1994. The medical records provided indicate the diagnosis of chronic neck pain and lumbar spinal stenosis. Treatment has included steroid injections, multiple lumbar and cervical spine surgeries, weight loss plans, and pain medications.The medical records provided for review do not indicate a medical necessity for Ambien 10mg #30. Ambien (Zolpidem) is a non-benzodiazepine tranquilizer. The MTUS is silent on this but the Official Disability Guidelines recommends it for short-term (usually two to six weeks) treatment of insomnia. The records indicate the injured worker has been using it since 2013.

Max freeze gel #2 tubes: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111.

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

Decision rationale: The injured worker sustained a work related injury on to April 6, 1994. The medical records provided indicate the diagnosis of chronic neck pain and lumbar spinal stenosis. Treatment has included steroid injections, multiple lumbar and cervical spine surgeries, weight loss plans, and pain medications.The medical records provided for review do not indicate a medical necessity for max freeze gel #2 tubes. Max freeze is a topical analgesic containing 4% menthol; 2% camphor; Organic Ilex, Organic Aloe, Organic Arnica, Vitamin E, & Tea Tree Oil. The MTUS recommends against the use of any topical analgesic containing any agent or substance that is not recommended. None of the active ingredients is recommended; therefore the requested treatment is not medically necessary.