

Case Number:	CM13-0022559		
Date Assigned:	10/11/2013	Date of Injury:	08/17/2001
Decision Date:	01/23/2014	UR Denial Date:	09/06/2013
Priority:	Standard	Application Received:	09/10/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Interventional Medicine 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 physician 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 patient is a fifty nine year old male with a date of injury on 8/17/01. The progress report dated 8/27/13 by [REDACTED] noted that the patient complained of pain in the right shoulder, right elbow, right wrist and right upper extremity. The patient has been unable to work due to his symptoms. The patient has undergone right elbow surgery, right wrist surgery, left knee arthroscopy, left elbow surgery and left wrist surgery. The patient's diagnoses include: right shoulder bursitis; right shoulder impingement; right shoulder sprain/strain; right shoulder derangement; right elbow pain; right elbow derangement; status post right elbow surgery; right wrist derangement; status post right wrist surgery. It was noted that the patient rated his pain at 6/10 without pain medication coming down to a 3/10 with medication. The medication allows the patient to perform activities of daily living and increased functionality for self-care, food preparation, and basic yard chores. The patient reported an additional 3 hours of sleep per night with the use of Ambien. The progress report dated 5/9/13 documented increased function with ADLs and reduced pain from 6/10 to 4/10 with Norco. The reports going back as far as 1/23/13 to the 8/27/13 report were reviewed showing continued use of Norco 5/325mg. It appears that the patient was started on Ambien on 7/30/13. A request was made for one prescription of Hydrocodone 5/325mg #90 with one refill and one prescription of Ambien 10mg #30 with one refill.

IMR ISSUES, DECISIONS AND RATIONALES

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

One prescription of Hydrocodone 5/325mg #90 with one refill:

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 88-89.

Decision rationale: The progress report dated 8/27/13 by [REDACTED] noted that the patient complained of pain in the right shoulder, right elbow, right wrist and right upper extremity. The patient has been unable to work due to his symptoms. The patient's diagnoses include: right shoulder bursitis; right shoulder impingement; right shoulder sprain/strain; right shoulder derangement; right elbow pain; right elbow derangement; status post right elbow surgery; right wrist derangement; status post right wrist surgery. It was noted that the patient rated his pain at 6/10 without pain medication coming down to a 3/10 with medication. The medication allows the patient to perform activities of daily living and increased functionality for self-care, food preparation, and basic yard chores. The progress report dated 5/9/13 documented increased function with activities of daily living and reduced pain from 6/10 to 4/10 with Norco. The reports going back as far as 1/23/13 to the 8/27/13 report were reviewed showing continued use of Norco 5/325mg. California Medical Treatment Utilization Schedule (MTUS) pg.88, 89 regarding long term users of opioids (6-months or more) requires documentation of satisfactory response to treatment indicated by the patient's decreased pain, increased level of function, or improved quality of life measured at 6-month intervals using a numerical scale or validated instrument. Under strategy for maintenance it states "do not attempt to lower the dose if it is working." This case appears to meet the above guideline, therefore authorization is recommended.

One prescription of Ambien 10mg #30 with one refill: Overturned

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

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

Decision rationale: The progress report dated 8/27/13 by [REDACTED] noted that the patient complained of pain in the right shoulder, right elbow, right wrist and right upper extremity. The patient reported an additional 3 hours of sleep per night with the use of Ambien. The reports going back as far as 1/23/13 to the 8/27/13 report were reviewed showing continued use of Norco 5/325mg. It appears that the patient was started on Ambien on 7/30/13. California Medical Treatment Utilization Schedule (MTUS) does not discuss the use of Ambien for insomnia; therefore a different guideline was reviewed. Official Disability Guidelines (ODG) states that Ambien is approved for the short-term (usually two to six weeks) treatment of insomnia. The request for one prescription of Ambien 10mg #30 with 1 refill exceeds the recommendations by the guideline noted above as it is not supported for long term use. Recommendation is for denial.

