

Case Number:	CM13-0031730		
Date Assigned:	12/18/2013	Date of Injury:	11/20/1988
Decision Date:	02/26/2014	UR Denial Date:	09/18/2013
Priority:	Standard	Application Received:	10/04/2013

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 Internal Medicine, has a subspecialty in Cardiology and is licensed to practice in Texas. 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:

According to the documentation, the patient is a 67-year-old male who reported an injury on 11/20/1988. The patient has had ongoing treatment for injuries to his neck and left shoulder, which the patient has noted to produce pain up to a 7/10 reduced to a 5/10 with medications. The patient has denied spasms, numbness, or tingling, but admits to more pain with movement and activity. The documentation notes the patient has been utilizing hot and cold modalities as well as a TENS unit for pain as needed. The patient was most recently seen on 12/13/2013 for a review of his ongoing pain in the neck and shoulder region. The patient has been diagnosed with impingement syndrome on the left with MRI abnormalities, discogenic cervical condition with radiculitis, headaches, and issues with sleep.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ambien 5mg #30: Upheld

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

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

Decision rationale: According to the Official Disability Guidelines, zolpidem is a short-acting non-benzodiazepine hypnotic, which is approved for the short-term (usually 2 to 6 weeks) treatment of insomnia. In the case of this patient, he has been utilizing Ambien since at least 05/2013. However, the documentation notes that the patient is still having ongoing sleep disturbances even with the use of this medication. Therefore, the rationale behind the continuation of using Ambien is unclear. As such, the request for Ambien 5mg #30 is non-certified.

. Prilosec 20mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs & GI symptoms Page(s): 68.

Decision rationale: Under California MTUS, it states that patients at intermediate risk for gastrointestinal events and no cardiovascular disease may benefit from the use of a proton pump inhibitor such as omeprazole, and in the patient's case Prilosec. As noted in the documentation, the patient has been utilizing other oral medications to help alleviate his discomfort. However, the clinical information provided failed to support the patient had any risk factors to meet guideline indications for the requested medication. As such, the request for Prilosec 20mg #60 is non-certified.

TENS pad: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous Electrotherapy Page(s): 114-115.

Decision rationale: Under California MTUS Guidelines it states that criteria for use of a TENS unit should include documentation of how often the unit was used, as well as outcomes in terms of pain relief and function. In the case of this patient, it was noted that he has been utilizing a TENS unit for several months, and had even indicated that it had provided him with some relief. Objective findings noted that there really has been no significant change in the patient's decrease in his pain scale as noted in the documentation. His pain has been rated at a fairly continuous 6/10 with it reaching a 7/10 in 09/2013. The patient has had increased stiffness and pain and his overall functional ability has not changed with the use of a TENS unit. Therefore, the rationale for continuation of its use cannot be determined. As such, the request for a TENS pad is non-certified.