

<b>Case Number:</b>	CM13-0042221		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	10/11/2011
<b>Decision Date:</b>	04/22/2014	<b>UR Denial Date:</b>	09/26/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/17/2013

### 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 & Rehabilitation, and is licensed to practice in Interventional Spine. 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 patient is a 48 male with a date of injury of 10/11/2011. The listed diagnoses per [REDACTED] are: Strain/sprain neck; Strain/sprain lumbar; Thoracic/Lumbarosacral neuritis. According to a report dated 09/23/2013 by [REDACTED], the patient presents with cervical and lumbar spine and left shoulder pain. There is moderate pain, stiffness, weakness and numbness in both the lumbar and cervical region as well as the left shoulder. There is not further physical examination. Treater states pre-op consultation has been done and patient has a surgery scheduled for 09/27/2013 for his left shoulder. Treater is requesting urine analysis for drug compliance, Alprazolam for severe anxiety due to surgery, Ambien for post of sleep and Ondansetron for post op nausea and vomiting.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Alprazolam 1mg #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, Pain (Chronic).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24.

**Decision rationale:** This patient presents with cervical and lumbar spine and left shoulder pain. The patient was approved for left shoulder arthroscopic surgery, which was scheduled for 09/27/2013. The treater is requesting Alprazolam, stating the patient "has severe anxiety due to surgery." The MTUS Chronic Pain Guidelines state, "benzodiazepines are not recommended for long-term use because long-term efficacy is unproven and there is a risk of dependence. Most guidelines limit use to 4 weeks." Although the treater in his report from 09/27/2013 requests Alprazolam for patient's anxiety due to surgery, medical records indicate this patient has been taking this medication since 04/22/2013. MTUS Chronic Pain Guidelines does not support long term use of benzodiazepines. The request is not medically necessary and appropriate.

**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, Pain (Chronic).

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

**Decision rationale:** This patient presents with cervical and lumbar spine and left shoulder pain. The patient was approved for left shoulder arthroscopic surgery, which was scheduled for 09/27/2013. The treater is requesting Ambien for "post op sleep." The MTUS and ACOEM Guidelines do not address Ambien; however, ODG Guidelines states that zolpidem (Ambien) is indicated for short-term treatment of insomnia with difficulty of sleep onset 7 to 10 days. In this case, medical records indicate the patient has not been prescribed Ambien in the past. A short course of 7 to 10 days may be indicated for insomnia, however, the treater is requesting 10mg #30. ODG Guidelines does not recommend long-term use of this medication. The request is therefore not medically necessary and appropriate.

**Ondansetron 8mg #10:** Overturned

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

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

**Decision rationale:** The MTUS and ACOEM Guidelines do not discuss Ondansetron. ODG Guidelines has the following regarding antiemetics, "Not recommended for nausea and vomiting secondary to chronic opioid use. Recommended for acute use as noted below per FDA-approved indications. Ondansetron (Zofran®): This drug is a serotonin 5-HT<sub>3</sub> receptor antagonist. It is FDA-approved for nausea and vomiting secondary to chemotherapy and radiation treatment. It is also FDA-approved for postoperative use." The treater is prescribing a short course of this medication for possible nausea or vomiting following patient's shoulder surgery. The request is in accordance with the ODG, and is medically necessary and appropriate.

**A urinalysis:** Upheld

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

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

**Decision rationale:** This patient presents with cervical and lumbar spine and left shoulder pain. The patient was approved for left shoulder arthroscopic surgery, which was scheduled for 09/27/2013. The treater is requesting a urine drug screen for medication compliance. The ODG recommend one yearly urine screen following an initial screening with the first 6 months for management of chronic opiate use in low risk patients. In this case, medical records indicate the patient has not had as any recent urine drug screens. The patient is noted to be on Norco as indicated on report dated 08/12/2013. The request is medically necessary and appropriate.