

Case Number:	CM13-0045934		
Date Assigned:	12/27/2013	Date of Injury:	01/25/2013
Decision Date:	04/25/2014	UR Denial Date:	10/31/2013
Priority:	Standard	Application Received:	11/12/2013

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 Occupational 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 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 51 year old female who was injured on 01/25/2013 while opening a mold at work. Prior treatment history has included acupuncture and physical therapy. Diagnostic studies reviewed include electrodiagnostic study revealing mild median nerve compromise at left wrist, causing mainly myelin dysfunction of sensory motor fibers, consistent with left carpal tunnel syndrome. Progress note dated 10/15/2013 documented the patient to have complaints of left thumb pain. She spent three weeks without any type of therapy. She still has not received the paraffin wax bath for home use. It was effective for her while was using it in physical therapy. The pain still wakes her up at night. Treatment/Plan: Medications will be renewed in the form of Ambien 10 mg, Flexeril 5 mg, Prilosec 20 mg, Tramadol ER, Ultracet and Naproxen 550 mg. PR-2 dated 11/18/2013 documented the patient with complaints of continued left thumb/wrist pain. The hand tingles and burns. She has had sessions of acupuncture which has helped somewhat. Objective findings on exam reveal left thumb with increased pain with flexion at MCP and PIP. Positive Finklesteins test. The left wrist has increased pain with passive and active range of motion with tenderness at the joint. Positive Phalen's test and positive Tinel's sign. Diagnoses: 1. Left thumb sprain/strain, rule out trigger finger. 2. Left hand sprain/strain, rule out tendinitis. Treatment/Plan: Continue medications, no refills.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prilosec 20mg #30 between 10/28/2013 and 12/12/2013: Upheld

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: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS,GI SYMPTOMS AND CARDIOVASCULAR RISK Page(s): 68. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, NSAIDS,GI SYMPTOMS AND CARDIOVASCULAR RISK, 68

Decision rationale: The CA MTUS guidelines state medications such as Prilosec may be indicated for patients at risk for gastrointestinal events, which should be determined by the clinician: 1) age > 65 years; (2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of ASA, corticosteroids, and/or an anticoagulant; or (4) high dose/multiple NSAID (e.g., NSAID + low-dose ASA). The medical records do not establish moderate or high risk of gastrointestinal events in this patient. Medical necessity has not been established. Therefore, Prilosec is non-certified.

Tramadol Extended Release 150mg #30 between 10/28/2013 and 12/12/2013: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TRAMADOL(ULTRAM).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS Page(s): 76-78.

Decision rationale: According to the guidelines, the lowest possible dose should be prescribed to improve pain and function. Long-acting opioids: also known as "controlled-release", "extended release", "sustained-release" or "long-acting" opioids, are a highly potent form of opiate analgesic. The proposed advantage of long-acting opioids is that they stabilize medication levels and provide around-the-clock analgesia. The medical records do not demonstrate clinical findings consistent with moderately severe pain. There do not appear to be clinical findings or loss of function supporting the need for a long-acting, extended-release opioid-class medication. The medical records do not demonstrate failure or exhaustion of first-line therapies and self-care measures utilized by the patient to address pain levels. Based on the patient's documented history, subjective complaints and objective findings, a non-opioid medication would be appropriate to address her pain complaints. The medical necessity of Tramadol is not established. Tramadol is non-certified.

Ambien10mg #30 between 10/28/013 and 12/12/13: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG), ZOLPIDEM (AMBIEN).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG)PAIN SECTION INSOMNIA; INSOMNIA TREATMENT

Decision rationale: (2) Non-Benzodiazepine sedative-hypnotics (Benzodiazepine-receptor agonists): First-line medications for insomnia. This class of medications includes Zolpidem (Ambien® and Ambien® CR), zaleplon (Sonata®), and eszopicolone (Lunesta®). Zolpidem [Ambien® (generic available), Ambien CR] is indicated for the short-term treatment of insomnia with difficulty of sleep onset (7-10 days). Ambien CR is indicated for treatment of insomnia with difficulty of sleep onset and/or sleep maintenance. The medical records submitted do not detail subjective complaints or corroborative clinical objective findings as to establish an active diagnosis of insomnia. It is also relevant that the medical records do not document the patient's attempts to establish and maintain appropriate sleep hygiene. According to the referenced guidelines, Ambien is indicated short-term treatment