

Case Number:	CM13-0049650		
Date Assigned:	12/27/2013	Date of Injury:	11/02/2012
Decision Date:	05/27/2014	UR Denial Date:	10/15/2013
Priority:	Standard	Application Received:	11/08/2013

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 and Rehabilitation, has a subspecialty in Pain Medicine, and is licensed to practice in New York and 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 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 injured worker is a 43 year-old female who sustained a work-related injury of 11/2/12. The injured worker is reported to have sustained injuries to the right elbow and shoulder. The injured worker has a diagnosis of mild lateral epicondylitis. The records indicate that the injured worker was referred for behavioral health sessions. Medications include Prevacid 20mg, Ambien 10mg, and Ibuprofen 800mg. An MRI of the elbow dated 9/24/13 indicates tendonosis of the common extensor tendon.

IMR ISSUES, DECISIONS AND RATIONALES

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

PREVACID 20MG: Overturned

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 OFFICIAL DISABILITY GUIDELINES.

Decision rationale: The submitted clinical records indicate that the injured worker has a recalcitrant lateral epicondylitis for which she has been prescribed Ibuprofen 800mg. The records contain no data which indicates the injured worker has developed NSAID induced gastritis;

however, given the high doses of Ibuprofen, prophylaxis is clinically indicated. As such, the request is medically necessary.

AMBIEN 10MG: 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 OFFICIAL DISABILITY GUIDELINES.

Decision rationale: The submitted clinical records indicate that the injured worker has a recalcitrant lateral epicondylitis and has been prescribed Ambien. Ambien is a prescription short-acting nonbenzodiazepine hypnotic, which is approved for the short-term (usually two to six weeks) treatment of insomnia. It is not recommended for long-term use and should be discontinued with the normalization of sleep patterns. The records provide no data to establish the continued disruption of sleep or extenuating circumstances to justify the continued use of this medication. As such, the request is not medically necessary.