MAXIMUS Federal Services

Case Number:	CM13-0051742		
Date Assigned:	12/27/2013	Date of Injury:	07/05/2007
Decision Date:	04/30/2014	UR Denial Date:	11/06/2013
Priority:	Standard	Application Received:	11/14/2013

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 Illinois. 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 32-year-old female who reported an injury on 07/05/2007. The mechanism of injury was not provided in the medical records. She is diagnosed with bilateral repetitive strain injury and left impingement syndrome. Her symptoms are noted to include left shoulder swelling, numbness, and pain as well as bilateral upper extremities numbness, pain, and paresthesias. The most recent clinical note provided dated 10/21/2013 indicated that the patient's medications included Norco 10/325 mg 2 tablets 4 times a day, methadone 10 mg 4 times a day, sertraline 25 mg daily, and Zolpidem 10 mg at bedtime.

IMR ISSUES, DECISIONS AND RATIONALES

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

Methadone 10mg qid: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines section on Methadone and the section on Opioids Page(s): 61-62,86.

Decision rationale: According to the MTUS Chronic Pain Guidelines, Methadone may be recommended as a second line drug for moderate to severe pain if the potential benefit outweighs the risk. In addition, the MTUS Chronic Pain Guidelines indicate that the dosing of opioids or

combinations of opioids should not exceed 120 mg oral morphine equivalents per day. The clinical information submitted for review failed to provide a detailed medication history regarding the patient's use of first line analgesics prior to her treatment with methadone. In addition, the clinical information failed to provide a detailed pain assessment, a recent urine drug screen, and documentation of functional status to warrant continued use of methadone. Furthermore, as the patient is noted to be taking methadone 10 mg 4 times a day and Norco 10/325 mg 2 tablets 4 times a day, her noted oral morphine equivalents per day is current 400 mg. Therefore, based on the above information and as the patient's opioid dosing far exceeds the MTUS Chronic Pain Guidelines' limit of 120 mg, the request is not medically necessary and appropriate.

Zolpidem 10hs: 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) , and the FDA.

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, and the FDA.

Decision rationale: According to the Official Disability Guidelines, Zolpidem is only recommended for the short-term treatment of insomnia as the medication has been shown to be habit forming, and can impair function and memory, increase pain, and increase depression over the long-term. In addition, the FDA now requires lower doses for Zolpidem due to adverse effects and dosing for women should be lowered from 10 mg to 5 mg when needed. The clinical information submitted for review failed to provide any evidence regarding the patient's insomnia and need for Zolpidem. In addition, as the FDA no longer recommends Zolpidem 10 mg for women and the medication is not recommended long-term, the request is not supported.