

Case Number:	CM13-0053056		
Date Assigned:	03/31/2014	Date of Injury:	05/07/2007
Decision Date:	08/08/2014	UR Denial Date:	11/01/2013
Priority:	Standard	Application Received:	11/18/2013

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 54 year-old female with date of injury 08/07/2007. The medical document associated with the request for authorization, a primary treating physician's progress report, dated 08/12/2013, lists subjective complaints as constant pain in the right shoulder, arm and wrist. Objective findings: Examination of the right wrist revealed decreased range of motion: flexion 50; extension 20; ulnar deviation 30. Pain and tenderness to palpation over the right wrist was noted. Diagnosis are right carpal tunnel syndrome, status post right wrist/hand surgery (12/12/12) and right shoulder/arm strain/sprain. The medical records provided for review document that the patient has been taking the following medications for at least as far back as 03/15/2013. She was given a prescription for each of these medications at every visit with her primary treating physician. The medical records do not establish whether the patient had previously undergone any physical therapy. No SIG given for the following medications. Medications include Ambien 10mg, #30, Norco 10/325mg, #60 and Soma 350mg, #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

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.

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

Decision rationale: The Official Disability Guidelines do not recommend the use of sleeping pills for long-term use. The patient has been taking Ambien for longer than the 2-6 week period recommended by the ODG. Therefore the request is not medically necessary.

NORCO 10/325MG, #60: 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: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-94.

Decision rationale: The Chronic Pain Medical Treatment Guidelines state that continued or long-term use of opioids should be based on documented pain relief and functional improvement or improved quality of life. Despite the long-term use of Norco, the patient has reported very little, if any, functional improvement or pain relief over the course of the last year. Therefore the request is not medically necessary.

SOMA 350MG, #60: 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: Decision based on MTUS Chronic Pain Treatment Guidelines Carisoprodol (Soma), 9792.20 - 9792.26 Page(s): 29.

Decision rationale: The California MTUS states that Carisoprodol is not recommended and is not indicated for long-term use. Abuse has been noted for sedative and relaxant effects. In regular abusers the main concern is the accumulation of meprobamate. There was a 300% increase in numbers of emergency room episodes related to Carisoprodol from 1994 to 2005. There is little research in terms of weaning of high dose Carisoprodol and there is no standard treatment regimen for patients with known dependence. Therefore the request is not medically necessary.

PHYSICAL THERAPY, 2 TIMES A WEEK FOR 4 WEEKS. FOR THE RIGHT WRIST:
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: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

Decision rationale: The California MTUS allows for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine. Prior to full authorization, therapeutic physical therapy is authorized for trial of 6 visits over 2 weeks, with evidence of objective functional improvement prior to authorizing more treatments. The request is for greater than the number of visits necessary for a trial to show evidence of objective functional improvement prior to authorizing more treatments. Therefore the request is not medically necessary.

FOLLOW UP VISIT FOR THE RIGHT WIRST: 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 Non-MTUS ACOEM Guidelines, Independent Medical Examinations and Consultations, Page 127.

Decision rationale: According to the California MTUS, a consultation is ordered to aid in the diagnosis, prognosis, therapeutic management, determination of medical stability, and permanent residual loss and/or the examinee's fitness for return to work. A consult it is usually asked to act in an advisory capacity, but may sometimes take full responsibility for investigation and/or treatment of an examinee or patient. Therefore the request is not medically necessary.