

Case Number:	CM13-0057842		
Date Assigned:	01/10/2014	Date of Injury:	11/25/2003
Decision Date:	05/20/2014	UR Denial Date:	11/20/2013
Priority:	Standard	Application Received:	11/26/2013

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 Orthopedic Surgery 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 70-year-old gentleman who was injured on 11/25/03. The clinical records for review indicate that he is currently receiving medication management for chronic, multiple orthopedic injuries. The records indicate that he is status post a lumbar laminectomy, discectomy at the L5-S1 level on 04/04/13 as well as multiple prior shoulder procedures including subacromial decompression as well as revision decompression with Mumford procedure and a SLAP repair performed since time of injury. The claimant's most recent clinical report of 10/24/13 by treating provider [REDACTED] indicated continued use of medication management with examination findings showing tenderness to the lumbar spine to palpation with restricted range of motion to the neck, low back and shoulder. There are recommendations for continued use of Ambien and Amitriptyline in this case.

IMR ISSUES, DECISIONS AND RATIONALES

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

AMITRIPTYLINE 10 MG, #30: 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: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants Page(s): 13-15.

Decision rationale: California MTUS Chronic Pain guidelines would support the role of Amitriptyline. Amitriptyline is generally considered a first line agent for chronic pain management. There is nothing indicating this agent to be ineffective, poorly tolerated or contraindicated. The specific request in this instance would be medically necessary.

AMBIEN 10 MG: 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) Pain Procedure - Zolpidem (Ambien®)

Decision rationale: California MTUS Chronic Pain guidelines are silent regarding medications for chronic pain induced insomnia. When looking at Official Disability Guidelines the role of Ambien is only indicated for short term use of 2-6 weeks with no current literature to support its role in the chronic setting. While the claimant continues to be with complaints of chronic pain, there is no diagnosis of insomnia or other indication for treatment of sleep related complaints. This specific request in this case would not be medically necessary.