

Case Number:	CM13-0060873		
Date Assigned:	12/30/2013	Date of Injury:	01/24/2003
Decision Date:	04/18/2014	UR Denial Date:	11/04/2013
Priority:	Standard	Application Received:	12/04/2013

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 Famile Medicine and is licensed to practice in 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 patient is a 54-year-old female who reported an injury on 01/24/2003. Most recent clinical documentation dated 12/05/2013 reports the patient continues to have complaints of neck and bilateral upper extremity radiating pain. The patient continues to note the medications allow her to have a reduction in her pain. They allow her to get in and out of bed in the morning, perform her activities of daily living including cooking and cleaning. Physical examination revealed cervical flexion is to 20 degrees, extension to 5 degrees, both with pain. Bilateral tilt was noted at 5 degrees, bilateral rotation is 60 degrees with negative Spurling's maneuver noted. There was swelling of her right elbow at the olecranon bursa. There was no tenderness over the right medial or lateral epicondyles. The patient's PHQ9 score was 29/30 which indicates severe depression. It is noted that the patient takes the Ambien as needed for sleep and has failed over-the-counter sleep medication trials. Patient refused a Functional Restoration Program, is considering repeating the C3-6 radiofrequency ablation as well as referral for a cervical spine surgery.

IMR ISSUES, DECISIONS AND RATIONALES

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

THE REQUEST FOR AMBIEN 10 MG #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 (ODG).

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

Decision rationale: The California MTUS/ACOEM does not address the use of hypnotics or Ambien. Per Official Disability Guidelines (ODG), it is stated that Zolpidem or Ambien is a prescription short acting nonbenzodiazepine hypnotic which is approved for short term usually 2 to 6 week treatment of insomnia. There is also concern that there may be increased pain and depression over long term use of the medication. There is documentation in the medical records stating the patient takes the Ambien to help her with her sleep at night; however, the patient has been taking the requested medication for a significant amount of time which exceeds the recommended 2 to 6 weeks time per Official Disability Guidelines. It is noted in the most recent clinical note that the patient is severely depressed which is a possible side effect of the requested medication with long term use. As the patient is taking the medication and continues to have difficulties with sleep, and is complaining of severe depression at this time, the medical necessity for continued use of the requested medication cannot be determined. Therefore, the request for Ambien 10 mg at bedtime #30 is non-certified.

THE REQUEST FOR ADDERALL 15 MG #30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation National Institutes of Health.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation National Institutes of Health, Adderall Section.

Decision rationale: The California MTUS/ACOEM and Official Disability Guidelines do not address the use of Adderall. National Institute of Health states that the medication is a combination of dextroamphetamine and amphetamine used to treat attention deficit hyperactive disorder in adults and children, and is also used to treat narcolepsy. This medication should not be used to treat excessive tiredness that is not caused by narcolepsy. As there is no documentation in the medical records suggesting that the patient has a diagnosis of narcolepsy, the medical necessity for continued use cannot be determined. Therefore, the request for Adderall 15 mg daily 30 tablets is non-certified. The National Institute of Health also states that Adderall should not be stopped abruptly. While the requested medication does not meet medical necessity based on the information presented, it is expected that the ordering provider will follow recommended medication guidelines for safe discontinuation.