

Case Number:	CM13-0064452		
Date Assigned:	01/03/2014	Date of Injury:	03/25/1997
Decision Date:	03/24/2014	UR Denial Date:	12/02/2013
Priority:	Standard	Application Received:	12/11/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician 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 physician 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:

According to the records made available for review, this is a 74-year-old female with a 3/25/97 date of injury. At the time of request for authorization for Ambien (zolpidem tartrate) 5mg tabs #30 ½ to 2 tablets approximately 30 minutes before bedtime and Urinalysis on next follow up visit, there is documentation of subjective (cervical pain radiating to the right upper extremity) and objective (limited cervical range of motion, tenderness to palpation of the trapezius/paravertebral muscles, positive shoulder depression test, positive Spurling's test, weakness on the right side in the C6 nerve roots, and decreased sensation in the C6 nerve distribution) findings, current diagnoses (chronic cervical sprain/strain, cervical radiculopathy at C6-7, multilevel disc bulge and herniation with stenosis, radiculopathy at L5-S1, and multilevel disc herniation with stenosis and neuroforaminal narrowing), and treatment to date (medications). A 11/8/13 medical report indicates that urine drug screen is being requested as part of a pain-treatment agreement during opioid therapy and is to be conducted to assess for use of presence of illegal drugs as well as to assess the current levels of prescribed, over the counter, and/or illicit drugs to properly manage her care.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ambien 5mg #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 ODG, Chronic Pain Chapter, Zolpidem

Decision rationale: According to the records made available for review, this is a 74-year-old female with a 3/25/97 date of injury. At the time of request for authorization for Ambien (zolpidem tartrate) 5mg tabs #30 ½ to 2 tablets approximately 30 minutes before bedtime and Urinalysis on next follow up visit, there is documentation of subjective (cervical pain radiating to the right upper extremity) and objective (limited cervical range of motion, tenderness to palpation of the trapezius/paravertebral muscles, positive shoulder depression test, positive Spurling's test, weakness on the right side in the C6 nerve roots, and decreased sensation in the C6 nerve distribution) findings, current diagnoses (chronic cervical sprain/strain, cervical radiculopathy at C6-7, multilevel disc bulge and herniation with stenosis, radiculopathy at L5-S1, and multilevel disc herniation with stenosis and neuroforaminal narrowing), and treatment to date (medications). A 11/8/13 medical report indicates that urine drug screen is being requested as part of a pain-treatment agreement during opioid therapy and is to be conducted to assess for use of presence of illegal drugs as well as to assess the current levels of prescribed, over the counter, and/or illicit drugs to properly manage her care.

Urinalysis on follow up visit: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Ongoing Management Page(s): 78.

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines identifies documentation of abuse, addiction, or poor pain control in patient under on-going opioid treatment as criteria necessary to support the medical necessity of Urine Drug Screen. Within the medical information available for review, there is documentation of diagnoses of chronic cervical sprain/strain, cervical radiculopathy at C6-7, multilevel disc bulge and herniation with stenosis, radiculopathy at L5-S1, and multilevel disc herniation with stenosis and neuroforaminal narrowing. In addition, there is documentation of a patient under on-going opioid treatment. However, there is no documentation of abuse, addiction, or poor pain control. Therefore, based on guidelines and a review of the evidence, the request for Urinalysis on next follow up visit is not medically necessary.