MAXIMUS Federal Services

Case Number:	CM13-0066201		
Date Assigned:	01/03/2014	Date of Injury:	04/24/2006
Decision Date:	05/19/2014	UR Denial Date:	11/11/2013
Priority:	Standard	Application Received:	12/16/2013

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 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 injured worker is a 43-year-old female who reported an injury on 04/24/2006. The specific mechanism of injury was not provided. The injured worker's medication history included NSAIDs since 05/2013. The diagnoses were status post right shoulder subacromial decompression and status post right hand carpal tunnel release with residual pain. The documentation of 10/15/2013 revealed the injured worker was participating in therapy. The treatment plan included Ambien CR and Motrin, and ibuprofen.

IMR ISSUES, DECISIONS AND RATIONALES

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

RETROSPECTIVE MEDICATION REQUEST FOR AMBIEN: 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)

Decision rationale: The Official Disability Guidelines recommend Ambien for the short-term treatment of insomnia. The use should be limited to 2 to 6 weeks. The clinical documentation submitted for review failed to provide the duration for the requested medication. The request as submitted failed to indicate the frequency, quantity, and strength for the requested medication.

Given the above, the request for the retrospective medication Ambien is not medically necessary and appropriate.

RETROSPECTIVE MEDICATION REQUEST FOR MOTRIN: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 67.

Decision rationale: The MTUS Chronic Pain Guidelines recommend NSAIDs for the short-term treatment of pain. There should be documentation of objective functional improvement and an objective decrease in pain. The clinical documentation submitted for review failed to meet the above criterion. The clinical documentation submitted for review indicated the injured worker had been utilizing the medication since 05/2013. The request as submitted failed to indicate the quantity, frequency, and strength for the requested Motrin. Given the above, the request is not medically necessary and appropriate.

RETROSPECTIVE MEDICATION REQUEST FOR IBUPROFEN: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 51, 72.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 67.

Decision rationale: The MTUS Chronic Pain Guidelines recommend NSAIDs for the short-term treatment of pain. There should be documentation of objective functional improvement and an objective decrease in pain. The clinical documentation submitted for review failed to meet the above criterion. The clinical documentation submitted for review indicated the injured worker had been utilizing the medication since 05/2013. The request as submitted failed to indicate the quantity, frequency, and strength for the requested ibuprofen. Given the above, the request for retrospective medication request for ibuprofen is not medically necessary.