

Case Number:	CM13-0066846		
Date Assigned:	06/11/2014	Date of Injury:	08/27/2007
Decision Date:	07/14/2014	UR Denial Date:	12/12/2013
Priority:	Standard	Application Received:	12/17/2013

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 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 34 year old female injured on 08/27/07 when she was involved in a major motor vehicle collision. The injured worker sustained injuries to her right arm and closed head injury. Current diagnoses included lesion of the radial nerve, pain in shoulder joint, pain in the joint of the forearm, and lumbosacral neuritis. Clinical note dated 09/13/13 indicated the injured worker presented with complaints of right upper extremity pain. The injured worker was a graduate of functional restoration program and utilized coping mechanisms and home exercise program for improved function and pain control. She reported recent exacerbation of pain and missed eight of ten recent work days due to panic attacks and anxiety and depression. The injured worker rated her pain at 7/10 on the visual analog (VAS) with description of generalized pain over entire body concentrated in the right shoulder radiating to the upper back and neck. The injured worker also reported numbness at the fingertips and right hand. Current medication regimen included Ambien 10mg, Trazadone 50mg one to two tabs, Ondansetron, Cymbalta 60mg, and Tylenol 325mg. Clinical note dated 11/06/13 indicated the injured worker presented with complaints of right upper extremity pain improved with an increase in Cymbalta to 120mg per day. The injured worker reported decrease in mood disorder following increase in Cymbalta. The injured worker was being evaluated by psychiatrist with ongoing medication management. The initial request for Ambien 10mg tablet for sleep #15 and Ondansetron-Zofran 4mg one tablet for nausea/vomiting #10 was initially not recommended on 12/12/13.

IMR ISSUES, DECISIONS AND RATIONALES

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

AMBIEN 10MG TABLET 1 PO FOR SLEEP #15: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: As noted in the Official Disability Guidelines (ODG), Ambien is approved for the short-term (usually two to six weeks) treatment of insomnia. Ambien can be habit-forming, and may impair function and memory more than opioid pain relievers. There is also concern that it may increase pain and depression over the long-term. The injured worker has been utilizing this medication on a long-term basis, exceeding the recommended 2-6 week window of use. As such, the request for Ambien 10mg tablet 1 po for sleep #15 cannot be recommended as medically necessary.

ONDANSETRON - ZOFRAN 4MG 1 TABLET OD PM N/V #10: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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), Antiemetics (for opioid nausea).

Decision rationale: As noted in the Official Disability Guidelines (ODG), antiemetics are not recommended for nausea and vomiting secondary to chronic opioid use. Zofran is FDA-approved for nausea and vomiting secondary to chemotherapy and radiation treatment. It is also FDA-approved for postoperative use and acute gastroenteritis. There is no documentation of previous issues with nausea or an acute diagnosis of gastroenteritis. Additionally, the medication should be prescribed once an issue with nausea and vomiting is identified, not on a prophylactic basis. As such, the request for Ondansetron - Zofran 4mg #10 cannot be recommended as medically necessary.