

Case Number:	CM13-0066942		
Date Assigned:	01/03/2014	Date of Injury:	04/01/2010
Decision Date:	05/19/2014	UR Denial Date:	11/25/2013
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 Physical Medicine & Rehabilitation and is licensed to practice in Illinois. 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 65-year-old female who reported an injury on 04/01/2010 due to repetitive trauma while performing normal job duties. The injured worker developed numbness in the bilateral hands. The injured worker was evaluated on 09/17/2013. It was documented that the injured worker's medications included Thera-Gesic ointment, Protonix and ibuprofen. The injured worker was evaluated on 11/11/2013. It was documented that the injured worker does not have a history significant for surgical intervention for her carpal tunnel syndrome. However, the treatment has included activity modifications, bracing and nonsteroidal anti-inflammatory drugs. It was documented that the injured worker complained of numbness in the bilateral hands that interfered with the injured worker's ability to sleep. It was documented that the injured worker could only sleep for approximately 2 to 3 hours at a time. The injured worker's medications were documented as metformin and ibuprofen. Physical findings included decreased sensation in the bilateral median nerves with a positive Phalen's test and positive carpal compression test bilaterally. The injured worker's diagnoses included bilateral carpal tunnel syndrome. A request was made for zolpidem and Duexis. However, no justification for the request was provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

PRESCRIPTION PURCHASE OF ZOLPIDEM 10MG #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): Web Edition.

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

Decision rationale: The requested prescription for the purchase of zolpidem 10 mg #30 is not medically necessary or appropriate. The clinical documentation submitted for review does indicate that the injured worker's sleep patterns are disrupted secondary to pain. The California Medical Treatment Utilization Schedule does not address insomnia related to chronic pain. The Official Disability Guidelines recommend pharmacological interventions when the injured worker has failed to respond to nonpharmacological interventions. The clinical documentation fails to identify any nonpharmacological treatments that have been attempted to assist the injured worker with pain control during the sleep hours. There is no documentation of nighttime splinting. There was no documentation that the injured worker was taking any medications in the evening to assist with her pain control. Therefore, the need for zolpidem 10 mg is not supported. Also, the request as it is submitted does not clearly identify a frequency of treatment. Therefore, the appropriateness of the request itself cannot be determined. As such, the requested zolpidem 10 mg #30 is not medically necessary or appropriate.

PRESCRIPTION PURCHASE OF DUEXIS 300-26.6, #90: 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): Web Edition.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Non-Steroidal Anti-Inflammatory Drugs And Nsaids, Gi Symptoms & Cardiovascular Risk Page(s): 67-.

Decision rationale: The requested prescription purchase of Duexis 300/26.6 (Quantity: 90.00) is not medically necessary or appropriate. The requested medication is a compounded medication of a nonsteroidal anti-inflammatory drug and a gastrointestinal protectant. The California Medical Treatment Utilization Schedule does recommend the use of nonsteroidal anti-inflammatory drugs in the management of chronic pain. However, the use of gastrointestinal protectants should be supported by an assessment of the injured worker's gastrointestinal system to support that they are at risk for developing gastrointestinal symptoms related to medication usage. The clinical documentation submitted for review does not provide an adequate assessment of the injured worker's gastrointestinal system to support that she is at risk for developing symptoms of gastrointestinal upset related to the medication usage. The California Medical Treatment Utilization Schedule states that any compounded medication that contains at least 1 drug or drug class that is not supported by the guideline recommendations is not recommended. Additionally, the request as it is written does not provide a frequency of treatment. Therefore, the appropriateness of the request itself cannot be determined. As such,

the requested prescription purchase of Duexis 300/26.6 (Quantity: 90.00) is not medically necessary or appropriate.