

Case Number:	CM13-0068779		
Date Assigned:	01/03/2014	Date of Injury:	05/03/2010
Decision Date:	06/04/2014	UR Denial Date:	12/06/2013
Priority:	Standard	Application Received:	12/19/2013

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 and 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 53-year-old female who reported an injury on 05/03/2010. The mechanism of injury was not provided. The injured worker's medication history included Zolpidem as of early 2013. The documentation of 10/04/2013 revealed the injured worker underwent a right T2 sympathetic block on 09/13/2013. The injured worker indicated the injection did not noticeably improve the right upper extremity symptoms. The injured worker's medications on the date of examination included Zolpidem 5 mg. No other medications were noted to be provided. However, it was indicated that the injured worker had medications refills and signed a pain management agreement with the practice. The diagnoses included CRPS in the upper limb and pain in the joint shoulder region. The treatment plan included medication refills and a routine drug screen as part of a pain management agreement and office policy as well as a follow-up visit.

IMR ISSUES, DECISIONS AND RATIONALES

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

RETROSPECTIVE URINE DRUG SCREEN WITH A DATE OF SERVICE OF 10/31/13:
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), Urine Drug Testing Section.

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

Decision rationale: The California MTUS Guidelines indicate that urine drug screens are appropriate for patients with documented issues of abuse, addiction, or poor pain control. The clinical documentation submitted for review failed to indicate the injured worker was on a medication that would support a necessity for a urine drug screen. There was a lack of documentation indicating the injured worker had documented issues of abuse, addiction, or poor pain control. Given the above, the request for a retrospective urine drug screen (dos 10/31/13) is not medically necessary.

PRESCRIPTION OF ZOLPIDEM 0.5MG, #30 (WITH 1 REFILL): 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), Insomnia Section.

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

Decision rationale: The Official Disability Guidelines (ODG) recommends Zolpidem for the short-term treatment of insomnia and the use should be limited to 2 to 6 weeks. The clinical documentation submitted for review indicated the injured worker had been utilizing the medication since early 2013. There was a lack of documentation of objective functional improvement. The request as submitted failed to indicate the frequency for the requested medication. There was a lack of documentation indicating a necessity for a refill of medication without re-evaluation. Given the above, the request for prescription of Zolpidem 0.5mg, #30 (with 1 refill) is not medically necessary.