

Case Number:	CM14-0001336		
Date Assigned:	01/22/2014	Date of Injury:	11/02/1994
Decision Date:	06/26/2014	UR Denial Date:	12/04/2013
Priority:	Standard	Application Received:	01/03/2014

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 claimant is a 38-year-old female who reported an injury on 06/20/2001, due to an unknown mechanism. The clinical note dated 01/13/2014 presented the claimant with muscle cramps in the back of her legs at night, pain in the posterior aspect of the bilateral knees that radiates down to her calf, and increased pain behind her right knee and down the muscles posterior to the right leg. The injured worker also reported difficulty with sleep. Physical examination revealed tenderness in the posterior aspect of her right knee along with swelling. Diagnoses include pain in the limb, left foot; plantar fasciitis; status post right carpal tunnel release; and right posterior knee pain. The treating physician recommended Ambien 10 mg with a quantity of 30, Duexis 800 mg with a quantity of 30, and a gym membership renewal for 12 months. The Request for Authorization was not included in the medical documents for review. The treating physician's rationale for the request was not provided within the documentation.

IMR ISSUES, DECISIONS AND RATIONALES

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

AMBIEN 10MG QUANTITY 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 Official Disability Guidelines (ODG) Pain Chapter, Ambien.

Decision rationale: The Official Disability Guidelines state that Ambien is a prescription short-acting hypnotic, which is approved for short term, usually 2 to 6 weeks for treatment of insomnia. Proper sleep hygiene is critical to the individual with chronic pain and often is hard to obtain. Various medications may provide short-term benefit. While sleeping pills, so-called minor tranquilizers, and anti-anxiety agents are commonly prescribed in chronic pain, pain specialists rarely, if ever, recommend them for short-term use. They can be habit-forming, and they may impair function and memory more than opioid pain relievers. There is also concern that they may increase pain and depression over long term. Cognitive behavioral therapy should be an important part of insomnia treatment plan. In this case, documentation did not provide adequate documentation of any significant sleep disturbance and symptoms related to the sleep disturbance. It was unclear if the employee previously attempted sleep behavior modification or more conservative treatments. The efficacy of the medication was unclear within the provided documentation. Additionally, per the provided documentation it appears the employee has been utilizing the medication since at least 11/2013. The continued use of Ambien would exceed the guideline recommendations. Also, the request as submitted failed to provide the frequency of the medication. Therefore, the request for Ambien 10mg, quantity 30 is not medically necessary and appropriate.

DUEXIS 800 MG QUANTITY 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: Decision based on MTUS Chronic Pain Treatment Guidelines GI symptoms & Cardiovascular risk Page(s): 68. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chronic Pain, Duexis

Decision rationale: The California MTUS guidelines recommend proton pump inhibitors for injured workers at risk for gastrointestinal events. The Official Disability Guidelines do not recommend Duexis as a first-line drug. The guidelines further state that Duexis is a combination of Ibuprofen 800 mg and Famotidine 26.6 mg is indicated for rheumatoid arthritis and osteoarthritis. The combination of the previously-stated drugs is also available in multiple strengths over-the-counter and other strategies are recommended to prevent stomach ulcers in patients taking NSAIDs. With less benefit and higher cost, it would be difficult to justify using Duexis as a first-line therapy. In this case the medical documentation provided for review lack evidence of failed first-line medication therapy. The requesting physician's rationale for a second line medication is unclear. Also, the request as submitted failed to provide the frequency of the medication. Therefore, the request for Duexis 800 mg, quantity 30 is not medically necessary and appropriate.

GYM MEMBERSHIP RENEWAL TWELVE MONTHS: 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) Low Back, Gym Membership.

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

Decision rationale: The Official Disability Guidelines recommend exercise as a part of a dynamic rehabilitation program, but note that gym membership is not recommended as a medical prescription unless a home exercise program has not been effective and there is a need for equipment. Exercise treatment needs to be monitored and administered by medical professionals. In this case, there is no documentation of failed home exercise or the employee's need for specific equipment that would support the medical necessity for a gym membership. The medical documents provided lacked evidence of documentation of functional improvement from previous gym participation. Therefore, the request for a gym membership renewal twelve months is not medically necessary and appropriate.