

Case Number:	CM14-0001821		
Date Assigned:	01/22/2014	Date of Injury:	11/13/2007
Decision Date:	06/19/2014	UR Denial Date:	12/24/2013
Priority:	Standard	Application Received:	01/06/2014

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, has a subspecialty in Neuromuscular Medicine, and is licensed to practice in Maryland. 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 patient is a 45-year-old with a work injury dated November 13, 2007. The diagnoses include concussion , brachial neuritis or radiculitis, thoracic sprain/strain, lumbar sprain/strain lumbar Radiculopathy ,right shoulder adhesive capsulitis, right elbow pain, left wrist ganglion cyst, right knee ACL tear, right knee lateral meniscus tear, left knee medial meniscus tear ,idiopathic peripheral autonomic neuropathy, unspecified disorder of autonomic nervous system. There are requests for the medical necessity of Ambien, Norco, Xanax and Gabapentin. There is a December 16, 2013 physician progress report that states that the patient complains of intermittent headaches, 7/10, 3x week; constant neck pain radiating to the left upper extremity with numbness and tingling, 8/10; constant mid back pain, 8/10; constant low back pain radiating to the lower extremities with numbness and tingling, 8/10; constant right shoulder pain, 8/10; occasional right elbow pain, 5/10;intermittent bilateral wrist pain, 3/10 right, 7/10 left; constant bilateral knee pain, 9/10 right. 7/10 left. Oral/topical medications have no side effects. Pain without medications 10/10 and with medications 7/10. The physical exam revealed right shoulder range of motion: forward flexion 90; extension 20; abduction 90; adduction 10; internal rotation 60; external rotation 70; strength 4. Impingement & Supraspinatus positive on right. Tender right supraspinatus and subacromial space. Right knee range of motion: flexion 90; Anterior/Posterior Drawer & McMurray's positive on right. Patient limps and uses knee brace and cane.

IMR ISSUES, DECISIONS AND RATIONALES

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

AMBIEN 10 MG # 30: 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) ODG:Mental illness & Stress:Zolpidem

Decision rationale: The MTUS guidelines do not discuss insomnia. The ODG states that Ambien is not recommended for long-term use, but recommended for short-term use (usually two to six weeks). The documentation indicates the patient has persistent insomnia despite Ambien use. Additionally there is documentation that patient was using Ambien in 2012. Without evidence of efficacy and the guideline recommendations for short term use (after non pharmacologic sleep hygiene has been attempted) the continued use of Ambien is inappropriate. The request for Ambien 10mg, thirty count, is not medically necessary or appropriate.

NORCO 10/325 # 60: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, ,

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines Opioids, criteria for use Page(s): 76-80.

Decision rationale: The Chronic Pain Medical Treatment Guidelines state to continue opioids if the patient has returned to work and if the patient has improved functioning and pain and to discontinue opioids if there is no overall improvement in function. There is no indication that the pain has improved patient's pain or functioning to a significant degree. The request for Norco 10/325, sixty count, is not medically necessary or appropriate.

XANAX 1MG # 60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines Benzodiazepines Page(s): 24.

Decision rationale: The Chronic Pain Medical Treatment Guidelines states that benzodiazepines are not recommended for long-term use because long-term efficacy is unproven and there is a risk of dependence. Most guidelines limit use to four weeks. There is documentation that the patient has been using Xanax dating back to 2012. The request for Xanax 1mg, sixty count, is not medically necessary or appropriate.

GABAPENTIN 600 MG #90: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, ,

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines - antiepileptic drugs.

Decision rationale: The guidelines state that for antiepileptic drugs there should be documentation of pain relief and improvement in function as well as documentation of side effects incurred with use. The continued use of AEDs (anti-epileptic drugs) depends on improved outcomes versus tolerability of adverse effects. The documentation indicates that the patient has been on Gabapentin dating back to at least November 2012 without significant functional improvement or return to work. The request for Gabapentin 600 mg, ninety count, is not medically necessary or appropriate.