

Case Number:	CM14-0004610		
Date Assigned:	05/21/2014	Date of Injury:	09/05/2003
Decision Date:	07/11/2014	UR Denial Date:	12/26/2013
Priority:	Standard	Application Received:	01/10/2014

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 Occupational Medicine and is licensed to practice in California. 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic shoulder pain reportedly associated with an industrial injury of September 5, 2003. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; sleep aids; transfer of care to and from various providers in various specialties; and extensive periods of time off of work. In a medical-legal evaluation dated June 11, 2010, it was acknowledged that the applicant was not working and had not seemingly worked in some time. The applicant was, at that point, complaining of knee pain, low back pain, elbow pain, shoulder pain, coronary arteries, and was status post umbilical hernia repair. The applicant was also status post left and right total knee replacements, a shoulder arthroscopy, and revision ulnar nerve release surgery. The applicant was also status post a CABG procedure, it was stated. A January 21, 2014 handwritten note was notable for comments that the applicant had persistent complaints of shoulder pain. The applicant was described as unable to work and had reportedly retired. In supplemental report dated January 6, 2014, it was stated that the applicant was using a variety of agents, including Flector and Norco, some of which had been denied by the claims administrator. On December 31, 2013, the applicant was again described as reporting persistent shoulder pain. The applicant's medication list was again not furnished on that occasion. On December 3, 2013, the applicant was given refills of Peri-Colace, Mobic, Norco, and Ambien. The applicant was described as off of work, on "permanent disability." The applicant reported persistent complaints of low back and shoulder pain on that occasion. There was no discussion as to whether or not previous usage of Mobic had been effective here. On June 8, 2013, the applicant was again described as reporting persistent complaints of low back, elbow, and shoulder pain. There was again no mention of medication efficacy on that occasion. The applicant was again described as off of work, on "permanent disability."

IMR ISSUES, DECISIONS AND RATIONALES

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

PROSPECTIVE REQUEST FOR 1 PRESCRIPTION OF MOBIC 10MG: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines : CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, NSAIDS (NON-STEROIDAL ANTI-INFLAMMATORY DRUGS),.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines and Anti-Inflammatory Medications Page(s): 7,22.

Decision rationale: While page 22 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that anti-inflammatory medications such as Mobic do represent the traditional first line of treatment for a variety of chronic pain conditions, page 7 of the MTUS Chronic Pain Medical Treatment Guidelines does state that it is incumbent upon the attending provider to incorporate some discussion of medication efficacy and/or consideration of other medications being taken into his choice of recommendations. In this case, there has been no discussion of medication efficacy pertaining to Mobic on any recent progress note provided. The applicant has, however, failed to return to work. The applicant remains highly reliant and highly dependent on other medications, including Norco. All of the above, taken together, imply lack of functional improvement as defined in MTUS 9792.20f despite ongoing usage of Mobic. Therefore, the request for 1 prescription of Mobic 10mg is not medically necessary.

PROSPECTIVE REQUEST FOR 1 PRESCRIPTION OF AMBIEN/ZOLPIDEM TARTRATE 10MG: 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 Page(s): 7-8. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Food and Drug Administration (FDA) Medication Guide.

Decision rationale: While the MTUS does not address the topic, pages 7 and 8 of the MTSU Chronic Pain Medical Treatment Guidelines do state that it is incumbent upon the attending provider to furnish compelling evidence to support usage of medications for non-FDA label purposes. As noted by the Food and Administration (FDA), Ambien, however, is indicated in the short-term treatment of insomnia, for up to 35 days. In this case, however, the attending provider has seemingly suggested that the applicant use zolpidem or Ambien on a chronic, sustained, and/or long-term use basis. This is not indicated or appropriate, per the FDA. In this case, the attending provider has not furnished any compelling rationale or medical evidence so as to offset the unfavorable FDA recommendation. Therefore, the request for 1 prescription of Ambien/Zolpidem Tartrate 10mg is not medically necessary.

