

Case Number:	CM14-0103719		
Date Assigned:	07/30/2014	Date of Injury:	03/27/2003
Decision Date:	10/09/2014	UR Denial Date:	06/30/2014
Priority:	Standard	Application Received:	07/07/2014

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 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 patient is a 46-year-old female who has submitted a claim for Post-concussion syndrome associated with an industrial injury date of March 27, 2003. Medical records from 2014 were reviewed, which showed that the patient complained of pain in the frontal head region and left side fingers rated at 7/10. The average pain score was 2/10 to 7/10 and baseline score with acupuncture rated at 2/10. The associated symptoms were headaches and numbness. The aggravating factors were strong smells, dust, pollen and exposure to sun for prolonged periods of time. On examination, patient had normal and affect and awake and oriented to time place and person. Both recent and remote memories were intact. Treatment to date has included medications and acupuncture. Utilization review from June 30, 2014 denied the request for Loratadine 10 mg tablet, Quantity 30, Refills: 1 and Ambien 10 mg Quantity 15 Refills 3. The request for Loratadine was denied because the records do not indicate that the patient had allergies. The request for Ambien was denied because documentation indicated that the patient had taken this medication long term without significant derived benefit.

IMR ISSUES, DECISIONS AND RATIONALES

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

Loratadine 10 mg tablet , Quantity 30, Refills: 1: 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 Other Medical Treatment Guideline or Medical Evidence: FDA, Loratadine

Decision rationale: The CA MTUS does not specifically address this topic. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers Compensation, FDA was used instead. According to the FDA, loratadine is used to treat the symptoms of allergies, such as sneezing, watery eyes, and runny nose. It is also used to treat skin hives and itching in people with chronic skin reactions. In this case, the patient does not present with symptoms of allergy. There is no clear indication for this medication. Therefore, the request for Loratadine 10 mg tablet , Quantity 30, Refills: 1 is not medically necessary.

Ambien 10 mg Quantity 15 Refills 3: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines

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

Decision rationale: CA MTUS does not specifically address zolpidem. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, the Official Disability Guidelines (ODG) was used instead. ODG states that zolpidem (Ambien) is a prescription short-acting non-benzodiazepine hypnotic, which is approved for the short-term (usually two to six weeks) treatment of insomnia. While sleeping pills are commonly prescribed in chronic pain, pain specialists rarely, if ever, recommend them for long-term use. They can be habit-forming and they may impair function and memory. There is also concern that they may increase pain and depression over the long term. In this case, the patient was prescribed Ambien 10mg since at least January 2014. However, the records do not indicate that the patient had problems with sleeping. If so, there was no indication how the patient benefited from long-term use of zolpidem. Moreover, the long-term use of Zolpidem is not in conjunction with guidelines recommendation. Therefore, the request for Ambien 10 mg Quantity 15 Refills 3 is not medically necessary.