

Case Number:	CM14-0106532		
Date Assigned:	07/30/2014	Date of Injury:	02/29/2012
Decision Date:	09/15/2014	UR Denial Date:	06/10/2014
Priority:	Standard	Application Received:	07/09/2014

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 & Rehabilitation, has a subspecialty in Pain 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 injured worker had an original date of injury of February 29, 2012. The injured worker has diagnoses of neck pain, cervical radiculitis, right elbow pain. The patient has tried conservative therapy with physical therapy, acupuncture, anti-inflammatory medications, Lidoderm, and Ultracet. The disputed requests include Ultracet for quantity 180 tablets which was modified by a utilization review determination on June 10, 2014 to only 60 tablets. The rationale for this modification was that the records "lack clear documentation of recent urine drug test, wrist assessment profile, attempts at weaning/tapering, and it updated in signed pain contract between the provider and claimant." A second disputed issue was the request for Ambien. This was noncertified due to lack of documentation that the patient suffers from chronic sleeping difficulties, and there was no clearly documented efficacy or functional improvement noted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ultracet 37.5/325 mg # 180 dispensed on 05/22/14: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioid Page(s): 76-80.

Decision rationale: The progress note from December 5, 2013 documents that the patient has persistent pain but is able to perform activities of daily living excluding vacuuming and yard work. However, there is a lack of recent documentation of monitoring for aberrant behaviors. This is necessary to continue Tramadol, which has recently become a controlled substance and is an atypical opioid agonist. Therefore, the request of Ultracet 37.5/325 mg # 180 dispensed on 05/22/14 is not medically necessary and appropriate.

Ambien 10 mg # 80 dispensed on 05/22/14: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Non-MTUS Official Disability Guidelines (ODG) Pain (Acute & Chronic) Chapter, procedure summary, Zolpidem (Ambien) and Insomnia.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Non-MTUS Official Disability Guidelines (ODG) Stress and Mental Health Chapter, Ambien.

Decision rationale: There is documentation in this injured worker of sleep disturbance in a progress note on date of service December 5, 2013. The injured worker is using the Ambien at least every other night of soma and Ambien is "what is helping him sleep." Given this documentation, Ambien is appropriate and this request is medically necessary.