

Case Number:	CM14-0111312		
Date Assigned:	09/16/2014	Date of Injury:	06/05/2013
Decision Date:	10/15/2014	UR Denial Date:	06/17/2014
Priority:	Standard	Application Received:	07/15/2014

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 Internal Medicine and is licensed to practice in New York. 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 53 year old male with a date of injury on 06/05/2013; he had a motor vehicle accident. He was rear ended by a car going 40 miles per hour. He had neck, shoulder and back pain. On 12/05/2013 he was treated with Norco, Ambien 2.5 mg to 5 mg, Advil, Xanax, Diclofenac, Soma, Omeprazole and Vitamin B12. On 12/09/2013 he had a L4-L5, L5-S1 left laminotomy, lumbar fusion with posterior instrumentation. On 01/15/2014 two lower staples were removed. On 03/31/2014 he had back, neck and shoulder pain. He was wearing a back brace. On 03/28/2014 a MRI revealed a complete tear of the long head of the triceps tendon. On 06/02/2014 he had left shoulder and neck pain. He had weakness of the left supraspinatus. He had good strength of the left biceps despite the tear. He had impingement syndrome of the left shoulder. There was a request on 06/09/2014 for a left rotator cuff repair with an acromioplasty; this was denied. At the same time there was a request for post operative physical therapy, Ambien and Keflex. These were also denied since the surgery was denied. On 06/19/2014 it was noted that he had chronic back pain from the MVA. He was taking Ambien (dose unknown). He had back and left shoulder soreness. He was 6 months since back surgery at that time.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ambien 10mg #10: 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) Pain (updated 06/10/2014) Zolpidem (Ambien)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Chronic pain, Zolpidem.

Decision rationale: MTUS guidelines do not mention Ambien (Zolpidem). The ODG, 2014 chronic pain, Zolpidem notes, "Zolpidem is a prescription short-acting nonbenzodiazepine hypnotic, which is approved for the short-term (usually two to six weeks) 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 long-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 the long-term." Also, FDA now requires lower doses for zolpidem because of dangerous concentrations of the drug in the blood. This patient was previously on doses of 2.5 mg and 5 mg and now the request is for 10 mg. The main issue is that Zolidem is FDA approved for use for up to 35 days and this patient has been taking Ambien since at least 12/2013. The continued use of Ambien in this patient is not consistent with the FDA approved indications and is experimental/investigational treatment sincethe FDA has not stated that Ambien is safe and effective treatment for more than 35 days.

Keflex 500mg #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 (ODG) Infectious Diseases (updated 02/21/2014) Cephalexin (Keflex)

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: MTUS does not mention the use of Keflex. The FDA regulates the use, indication and dose for drug products on the US market. There is no FDA approved treatment dose for 500mg X 3 for Keflex that is FDA approved. Also, there is no documentation of the requested aministration for Keflex (is it oral or IV prior to surgery, etc). Treatment dosage for Keflex is for 7 to 14 days, not three doses. Also, Keflex is prescribed for a specific infection (there is no documentation of a specific infection) and for prophylaxis against an infection (there is no documentaiton of any condition for which prophyaxis is needed as surgery has not been approved). While it is noted that three doses of IV Kephex may be administered on the day of surgery to decrease the risk of staph infections, there is no documentation that the requested surgery has been approved. Also, approval of surgery with routine anti-staph prophylaxis would not require an additional approval of the anti-staph prophylaxis as the Keflex prophylaxis would be part of the approved surgery.

