

Case Number:	CM14-0113331		
Date Assigned:	08/01/2014	Date of Injury:	10/20/2006
Decision Date:	09/10/2014	UR Denial Date:	06/21/2014
Priority:	Standard	Application Received:	07/18/2014

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 Anesthesiology, has a subspecialty in Pain Management 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:

According to the records made available for review, this is a 36-year-old male with a 10/20/06 date of injury. At the time (6/5/14) of request for authorization for Urine Drug Screen and Ambien 10mg #30, there is documentation of subjective (low back pain radiating down the bilateral lower extremities, insomnia, anxiety, and GERD) and objective (tenderness to palpation over the bilateral thoracic and lumbar paravertebral regions with spasms and decreased range of motion; and moderate insomnia) findings, current diagnoses (thoracic radiculitis, chronic pain, lumbar radiculopathy, anxiety/depression, and insomnia), and treatment to date (ongoing therapy with Ambien since at least 3/13/14 reported as beneficial with intended effect at prescribed dose; and ongoing therapy with Tramadol). Regarding Urine Drug Screen, there is no documentation of abuse, addiction, or poor pain control in the patient. Regarding Ambien 10mg #30, there is no documentation of the intention to treat over a short course (less than two to six weeks) and functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of use of Ambien.

IMR ISSUES, DECISIONS AND RATIONALES

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

Urine Drug Screen: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Urine Drug Screens. Decision based on Non-MTUS Citation Official Disability Guidelines: Urine Drug Testing.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines On-Going Management Page(s): 78.

Decision rationale: California Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines identifies documentation of abuse, addiction, or poor pain control in patient under on-going opioid treatment, as criteria necessary to support the medical necessity of Urine Drug Screen. Within the medical information available for review, there is documentation of diagnoses of thoracic radiculitis, chronic pain, lumbar radiculopathy, anxiety/depression, and insomnia. In addition, there is documentation of on-going opioid treatment. However, there is no documentation of abuse, addiction, or poor pain control in the patient. Therefore, based on guidelines and a review of the evidence, the request for Urine Drug Screen is not medically necessary.

Ambien 10mg #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) Chronic Pain Chapter, Zolpidem.

Decision rationale: California Medical Treatment Utilization Schedule (MTUS) does not address this issue. California (MTUS)-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. Official Disability Guidelines (ODG) identifies Ambien (zolpidem) as a prescription short-acting nonbenzodiazepine hypnotic, which is approved for the short-term (usually two to six weeks) treatment of insomnia. Within the medical information available for review, there is documentation of diagnoses of thoracic radiculitis, chronic pain, lumbar radiculopathy, anxiety/depression, and insomnia. However, given documentation of ongoing treatment with Ambien since at least 3/13/14, there is no documentation of the intention to treat over a short course (less than two to six weeks). In addition, despite documentation of Ambien being beneficial with intended effect at prescribed dose, there is no (clear) documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of use of Ambien. Therefore, based on guidelines and a review of the evidence, the request for Ambien 10mg #30 is not medically necessary.