

Case Number:	CM14-0132065		
Date Assigned:	08/22/2014	Date of Injury:	01/03/1996
Decision Date:	10/01/2014	UR Denial Date:	07/17/2014
Priority:	Standard	Application Received:	08/18/2014

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 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 is a 71-year-old female who reported an injury on 01/03/1996. The mechanism of injury was not provided within the medical records. The clinical note dated 05/12/2014 indicated diagnoses of tenosynovitis of the hand/wrist, bilateral; affections of shoulder region, left; and lateral epicondylitis, left. The injured worker reported bilateral wrist, left shoulder, and elbow pain. The injured worker reported the pain radiated up the dorsal forearm on the right and radiated inferiorly to the 2nd digits. The injured worker reported the quality of the pain was aching, stabbing, burning, throbbing, sore, tender, and pinching and was constant. The injured worker reported left shoulder pain that she described as aching, stabbing, burning, throbbing, almost constant, rated 5/10 and left elbow pain over the dorsal lateral aspect in the area of the epicondyle that she described as aching, stabbing, burning, throbbing, pressure like, sore, and tender that she rated 5/10. The injured worker also reported with the elbow pain there was tingling and numbness of the 4th and 5th digits bilaterally and symptoms increased with work activities despite treatment. On physical examination of the left shoulder, there was tenderness in the lateral aspect of the supraspinatus fossa extending medially into the AC joint and extending to the biceps tendon and to a lesser extent posteriorly. The injured worker's examination of the left elbow revealed tenderness in the lateral epicondyle and the examination of the bilateral wrists revealed positive Tinel's test on the left. The injured worker's grasp was slightly weak on the right as compared to the left. The radial pulse was 2+/4+. The injured worker's treatment plan included injection to the left shoulder, continued elbow brace, continued activity modification, and pacing. The injured worker's prior treatments included diagnostic imaging and medication management. The injured worker's medication regimen included Lidoderm, Motrin, codeine, Celebrex, and Ambien.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ambien 10mg; 1 prn qhs #30: 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: Decision based on MTUS Chronic Pain Treatment Guidelines Pain, Zolpidem (Ambien).. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee, Total Knee Arthroplasty

Decision rationale: The request for Ambien 10 mg; 1 as needed at bedtime #30 is not medically necessary. The Official Disability Guidelines recommend zolpidem as a short-acting nonbenzodiazepine hypnotic, which is approved for the short-term (usually 2 to 6 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 antianxiety 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. The documentation submitted did not indicate the injured worker had insomnia or any sleep disturbance. In addition, there is a lack of documentation of efficacy and functional improvement with the use of Ambien. Furthermore, the injured worker has been prescribed Ambien since at least 01/13/2014. This exceeds the Guidelines recommendation for short term use. Therefore, the request for Ambien is not medically necessary.

Celebrex 200mg; 1 bid daily #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 67-73.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory medications Page(s): 22.

Decision rationale: The request for Celebrex 200 mg; 1 twice a day daily #60 is not medically necessary. The CA MTUS Guidelines recognize anti-inflammatories as the traditional first line of treatment, to reduce pain so activity and functional restoration can resume, but long-term use may not be warranted. There is a lack of documentation of efficacy and functional improvement with the use of Celebrex. In addition, it was not indicated how long the injured worker had been utilizing the Celebrex; however, the injured worker has been prescribed the Celebrex since at least 01/13/2014. This exceeds the Guidelines recommendation for short term use. Therefore, the request for Celebrex is not medically necessary.