

Case Number:	CM14-0133246		
Date Assigned:	08/22/2014	Date of Injury:	02/26/2008
Decision Date:	09/23/2014	UR Denial Date:	08/19/2014
Priority:	Standard	Application Received:	08/20/2014

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 Occupational 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 patient is a 55-year-old male who has submitted a claim for brachial neuritis or radiculitis, thoracic sprain/strain, lumbar radiculitis, and lumbar sprain/strain, status post bilateral shoulder surgery (2010), and status post right elbow surgery; associated with an industrial injury date of 02/26/2008. The medical records from 2013 to 2014 were reviewed and showed that patient complained of constant neck and low back pain radiating to the bilateral upper and lower extremities with numbness and tingling, as well as mid back pain, bilateral shoulder pain, and right elbow pain, graded 7/10. Pain with and without medication is graded 5-6/10 and 9-10/10, respectively. The physical examination showed decreased range of motion of the cervical spine, lumbar spine, and bilateral shoulders. Spasms were noted in the cervical and lumbar spine. Reflexes were symmetric and the remainder of the examination was non-focal. The treatment to date has included medications, physical therapy, and surgery as stated above. The utilization review, dated 08/19/2014, denied the request for Ambien because guidelines do not support its long term use; and modified the request for Ativan for weaning purposes.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ambien 10mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment 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 chapter, Zolpidem.

Decision rationale: The California MTUS does not address Ambien. 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. The ODG states that Ambien (Zolpidem) is a prescription short-acting non-benzodiazepine 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. In this case, the patient has been taking Ambien since at least March 2010, which is clearly beyond the recommended duration of use. In addition, medical records submitted for review show no objective evidence of improvement in the quality and duration of sleep. Therefore, the request for Ambien 10mg #30 is not medically necessary.

Ativan 1mg #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24.

Decision rationale: As stated on page 24 of the California MTUS Chronic Pain Medical Treatment Guidelines, benzodiazepines are not recommended for long-term use because long-term efficacy is unproven and there is a risk of dependence. Most guidelines limit use to 4 weeks. Their range of action includes sedative/hypnotic, anxiolytic, anticonvulsant, and muscle relaxant. Tolerance to hypnotic effects develops rapidly. Tolerance to anxiolytic effects occurs within months and long-term use may actually increase anxiety. A more appropriate treatment for anxiety disorder is an antidepressant. Tolerance to anticonvulsant and muscle relaxant effects occurs within weeks. In this case, patient has been prescribed Ativan since at least 2012. However, guidelines do not support its long-term use. Therefore, the request for Ativan 1mg #30 is not medically necessary.

Ibuprofen 800mg #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 22, 46, and 72.

Decision rationale: As stated on pages 22, 46, and 72 of California MTUS Chronic Pain Medical Treatment Guidelines, NSAIDs are recommended at the lowest dose for the shortest period in patients with moderate to severe pain and that there is no evidence of long-term effectiveness for pain or function. Long-term use of NSAIDs is not warranted. Ibuprofen can be

taken for mild to moderate pain as 400 mg by mouth every 4-6 hours as needed. Doses greater than 400 mg have not provided greater relief of pain. In this case, medical records submitted show that the patient has been prescribed ibuprofen as far back as 2008. However, medical records submitted for review failed to show objective evidence of functional improvement derived from its use. Also, long-term NSAID use is not recommended. Furthermore, guidelines do not support the use of doses greater than 400 mg. Patient is also taking Norco for his chronic pain. Therefore, the request for Ibuprofen 800mg #90 is not medically necessary.