

Case Number:	CM14-0167738		
Date Assigned:	10/15/2014	Date of Injury:	07/28/2003
Decision Date:	11/18/2014	UR Denial Date:	09/11/2014
Priority:	Standard	Application Received:	10/10/2014

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 and Pain Management, has a subspecialty in Interventional Spine 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 58-year-old female with date of injury of 07/28/2003. The listed diagnoses per [REDACTED] from 09/03/2014 are: 1.Sprain/strain of the cervical spine with disk bulging.2. Bilateral elbow medial and lateral epicondylitis.3. Left thumb metacarpal joint arthritis.4. Sprain/strain of the right wrist.5. Sprain/strain of the lumbar spine with disk bulging.6. Headaches.7. Facial numbness.According to this report, the patient complains of neck pain with headaches and low back pain. She rates her headache and neck pain 7/10 to 8/10 and her low back pain 6/10. The patient also complains of bilateral elbow pain and bilateral wrist pain that shoots into her fingers. She is currently working part-time and denies any new injuries or accidents since her last visit. The patient reports episodes of numbness in her hands at night which wakes her up. The examination shows a Jamar grip dynamometer strength reading of 22/20/22 kg on the right and 20/20/16 kg on the left. Active range of motion of the cervical spine is diminished. Lumbar spine active range of motion was also diminished. The documents include an x-ray of the cervical spine on 10/25/2014. The utilization review denied the request on 09/11/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ambien 5mg #30 with 3 refills: 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) Mental Illness & Stress chapter, Insomnia treatment, regarding Ambien for insomnia

Decision rationale: This patient presents with neck, low back, bilateral elbow, bilateral wrist pain, and headaches. The treater is requesting Ambien 5 mg quantity #30 with 3 refills. The MTUS and ACOEM Guidelines are silent with regards to this request. However, ODG Guidelines on Zolpidem states, "Zolpidem, generic available (Ambien CR) is indicated for short-term treatment of insomnia with difficulty of sleep onset (7 to 10 days)." The record shows that the patient was prescribed Ambien on 09/03/2014. It is, however, unknown when the patient started taking Ambien. Her current medications include Norco and Ambien. In this case, Ambien is not indicated for long-term use, and the requested quantity exceeds ODG's recommendation for short-term treatment. Therefore, the Ambien 5mg #30 with 3 refills is not medically necessary and appropriate.

Protonix 40mg #30 with 3 refills: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms, and cardiovascular risks Page(s): 68-69.

Decision rationale: This patient presents with neck, low back, bilateral elbow, bilateral wrist pain, and headaches. The treater is requesting Protonix 40 mg quantity #30 with 3 refills. The MTUS Guidelines page 68 and 69 on NSAIDs, GI symptoms, and cardiovascular risks states that it is recommended with precaution for patient's at risks for gastrointestinal events; ages greater than 65; history of peptic ulcer; GI bleeding or perforation; concurrent use of ASA, corticosteroids, and/or anticoagulants; high-dose multiple NSAIDs. The 05/07/2012 report notes that the patient was admitted in the emergency room for acute gastritis. The patient received Protonix and states that it has "helped significantly." In this case, there is a documented gastrointestinal even and the treater has noted medication efficacy as it relates to the use of this medication. Therefore, the Protonix 40mg #30 with 3 refills is medically necessary and appropriate.

Urine drug screening: Overturned

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) Urine drug testing (UDT), under Pain (Chronic)

Decision rationale: This patient presents with neck, low back, bilateral elbow, bilateral wrist pain, and headaches. The treater is requesting a urine drug screen. The MTUS Guidelines do not specifically address how frequent urine drug screen should be obtained for various risks opiate users. However, ODG Guidelines provide clear recommendations. For low-risk opiate users, once yearly urine drug screen is recommended following initial screening within the first 6 months. The records do not show any recent or previous urine drug screen. The patient's current medications include Ambien and Norco. In this case, there are no previous urine drug screens noted in any of the reports, and ODG supports once yearly urine drug screen for low-risk opiate users. Therefore, the Urine drug screening is medically necessary and appropriate.