

Case Number:	CM14-0184252		
Date Assigned:	11/12/2014	Date of Injury:	09/11/2007
Decision Date:	12/18/2014	UR Denial Date:	10/25/2014
Priority:	Standard	Application Received:	11/05/2014

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 and Rehabilitation, has a subspecialty in Neuromuscular Medicine and is licensed to practice in Maryland. 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 44 year old female with a work injury dated 9/11/07. The diagnoses include: cervical pain; RSD upper limb; shoulder pain; extremity pain; joint pain. There is a 10/13/14 progress note which states that the patient complains of left upper extremity pain and rates it a 6/10 with medications. There are no new problems. The quality of her sleep is poor. Her activity level is the same. There are no problems with her medications. Her medications include: Oxycodone, Soma, Lyrica, Ambien, Naprosyn, Colace, Maxalt, and Paroxetine. On exam there is decreased cervical range of motion and paraspinal tenderness. There is a right positive Phalen's sign. There is decreased sensation to touch in the left fingers vs. the right. There is left dorsum of the hand tenderness. There is allodynia over the left hand surgical scar. There is hyperesthesia on the medial and lateral left forearm. There is motor testing limited by pain. The treatment plan includes to stop Cymbalta, try Paxil, and continue other medications. Maxalt was prescribed for migrainous headaches with cervical pain and muscle tone. Ambien helps improve sleep from 2-4 hours to 5-6 hours. A 3/10/13 document states that the patient has headaches which may be related to her psychiatric stress and seem to be tension headaches.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ambien 10mg #20: 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 (Chronic), Zolpidem

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic) - Zolpidem (Ambien®)

Decision rationale: The MTUS Guidelines do not address insomnia or Ambien. The ODG states that Zolpidem (Ambien) is approved for the short-term (usually two to six weeks) treatment of insomnia. While sleeping pills, so-called minor tranquilizers, and anti-anxiety agents are commonly prescribed in chronic pain, 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. The documentation indicates that the patient has been on Ambien dating back to at least 2012. The ODG does not recommend this medication long term. The request for Zolpidem 10mg #20 is not medically necessary.

Maxalt 10mg #9: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation National Guidelines Clearinghouse

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Head - Rizatriptan (Maxalt)

Decision rationale: The MTUS does not address Maxalt or triptan medications. The ODG states that Maxalt is recommended for migraine headaches. The documentation is not clear that the patient has migraine headaches rather than tension headaches. Without clarification of this condition the request for Maxalt is not medically necessary.