MAXIMUS Federal Services

Case Number:	CM14-0022134		
Date Assigned:	05/09/2014	Date of Injury:	11/13/2012
Decision Date:	07/10/2014	UR Denial Date:	02/14/2014
Priority:	Standard	Application Received:	02/21/2014

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 applicant is a represented [redacted] employee who has filed a claim for chronic pain syndrome and chronic neck pain reportedly associated with an industrial injury of November 13, 2012. Thus far, the applicant has been treated with analgesic medications; sleep aids; topical compounds; unspecified amounts of physical therapy and cervical epidural steroid injection. In a utilization review report dated February 14, 2014, the claims administrator approved request for Norco and Vicodin while retrospectively denying request for topical Flurbiprofen and Ambien. In a medical-legal evaluation on March 5, 2013, the applicant was described as working as regular duty and reportedly not lost any time as a result of his injury. In a note dated April 7, 2014, the applicant was described as having persistent complaints of persistent complaints of neck pain radiating to the left arm. The applicant was using Norvasc, Prilosec, and Prozac it was stated on that date. It was not clearly stated whether the request for Ambien represented a first-time request or a renewal request.

IMR ISSUES, DECISIONS AND RATIONALES

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

RETROSPECTIVE FLURBIPROFEN 30ML QTY: 1.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TOPICAL ANALGESICS Page(s): 111-112.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47,Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111.

Decision rationale: As noted in the MTUS ACOEM Guidelines in Chapter 3, page 47, oral pharmaceuticals are the first-line palliative method. In this case, the applicant seemingly successful usage of multiple first line oral pharmaceuticals, including Norco, effectively obviates the need for what page 111 of the MTUS Chronic Pain Medical Treatment Guidelines deems largely experimental topical agents such as Flurbiprofen. Therefore, the request was not medically necessary.

RETROSPECTIVE AMBIEN 10MG QTY: 30.00: 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), Zolpidem.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Chronic Pain Chapter, Zolpidem topic.

Decision rationale: The MTUS does not address the topic. As noted in the ODG Chronic Pain Chapter Zolpidem topic, Zolpidem or Ambien is indicated in the short-term management of insomnia, typically in the order of two to six weeks. In this case, however, the attending provider seemingly endorsed a prescription for Ambien without clearly stating whether this was a first-time request or a renewal request. While a short-term supply of Ambien or Zolpidem could have been supported for insomnia, the attending provider's documentation was sparse, handwritten, difficult to follow, not entirely legible, and did note state the parameters with which Ambien is being used. Therefore, the request was not medically necessary.