MAXIMUS Federal Services

Case Number:	CM14-0024747		
Date Assigned:	06/11/2014	Date of Injury:	02/17/2010
Decision Date:	07/15/2014	UR Denial Date:	02/11/2014
Priority:	Standard	Application Received:	02/26/2014

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 Rehabiliation and is licensed to practice in Illinois. 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 41 year old female who reported an injury on 02/17/2010 due to an unspecified mechanism of injury. On 02/18/2014 she reported pain in her right neck and shoulder along with lower back pain and numbness in the ring and pinky fingers of the right hand. Physical examination revealed 20 degrees of flexion and extension of the neck, 30 degrees of extension and 110 degrees of flexion in the right shoulder, right thoracic scoliosis, paracervical tenderness from C2 to C7-T1, paralumbar tenderness from L2 to L5-S1 and thinning of the right supraspinatus muscle. Diagnoses included complex regional pain syndrome of the right shoulder, status post right lateral epicondylitis with right ulnar neuritis, chronic low back pain non industrial, probable depression secondary to industrial injury, sleep disturbance secondary to pain, and symptoms of ulnar nerve entrapment on the right. Medications included Norco 5/325mg one every 6 hours as needed, Lidoderm pain patches 1-3 per day, Atarax 25mg every 6 hours, Skelaxin 800mg 3 times a day as needed, Gabapentin 1200mg 3 times a day as needed, Amitriptyline 50 mg, Fetizima ER 40mg once a day, Ambien 10mg one half to one at bedtime, and Latuda 40mg once at bedtime. The treatment plan was for Klonopin 0.5mg # 120 and Zolpidem 10mg #60. The request for authorization form was provided and signed on 02/21/2014. The rationale was not provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

KLONOPIN 0.5MG QTY 120.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 24, 66.

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

Decision rationale: The request for Klonopin 0.5mg #120 is non-certified. Per California MTUS Guidelines, Benzodiazepines, such as Klonopin, 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. There is no documentation stating how long the injured worker has been taking Klonopin. In addition, the request lacks the frequency of the medication. As such, the request is non-certified.

ZOLPIDEM 10MG QTY 60.00: 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), Medications, Zolpidem (Ambien).

Decision rationale: The request for Zolpidem 10mg #60 is non-certified. According to the Official Disability Guidelines Zolpidem is approved for the short-term (usually two to six weeks) treatment of insomnia. The documentation provided does not state the duration of time the injured worker has taken Zolpidem. The request does not include a frequency. Therefore, the request is non-certified.