

Case Number:	CM14-0031670		
Date Assigned:	06/20/2014	Date of Injury:	03/21/2012
Decision Date:	08/13/2014	UR Denial Date:	02/12/2014
Priority:	Standard	Application Received:	03/12/2014

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 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 60 year-old male who reported an injury on 03/21/2012 when delivering a fountain when it slipped and his fingers became caught between the fountain and the floor, the distal end of the fingers of the left hand were crushed. Prior treatments included x-rays that revealed a fracture of the left hand, two surgeries of the finger, an MRI of the cervical and thoracic spine that revealed multiple disc disease of his cervical spine. There was moderate spinal canal stenosis of C5-6. He had a 4 mm left paracentral extrusion which causes mass effect on the left aspect of the spinal cord. It was noted the MRI revealed left upper extremity radicular symptoms. He had a 3mm lesion on the right lobe on his thyroid gland. Prior treatment included electromyography (EMG) and nerve conduction velocity (NCV) studies of the upper extremities that revealed slight carpal tunnel syndrome noted bilaterally. It was noted the injured worker had physical therapy and a TENS unit. On the physical of the cervical spine examination revealed mild tenderness of the paracervical muscles and spasms, mostly on the left paracervical muscles. The examination of the left shoulder revealed tenderness to palpation of the acromioclavicular region and a positive impingement sign. The abduction on the left was 130 degrees and the flexion was 140 degrees. The left hand was swollen with mild atrophy. The diagnoses included left middle finger distal phalanx fracture with residual dysfunction and loss of motion and swelling, left shoulder pain with partial tear, cervical strain with radicular symptoms to the left, rule put herniated disc, bilateral carpal tunnel syndrome left-sided cubital tunnel syndrome and secondary depression , anxiety and depression. The medications included Norco 10/325mg, Naproxen Sodium 550mg, Prozac 20mg, Ambien 10mg, Prilosec 20mg, Zofran ODT 4mg and Vitamin C Magnesium. The rationale was not provided. The treatment plan included for a decision on Ambien 10 mg and Zofran ODT 4mg. The authorization for request was submitted on 06/13/2014.

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: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

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 Official Disability Guidelines (ODG) states that Ambien is a prescription short-acting non benzodiazepine hypnotic, which is approved for the short-term (usually two to six weeks) treatment of insomnia. The documentation that was submitted for review lacked evidence on the duration the injured worker has been on Ambien. In addition, the request did not include the frequency or duration for the medication for the injured worker. The guidelines do not recommend Ambien for long-term use. Therefore, the continued use of Ambien is not supported. As such the request is not medically necessary or appropriate.

Zofran ODT 4mg: 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).

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), Antiemetics (for opioid nausea).

Decision rationale: The request for Zofran ODT 4 mg is not medically necessary or appropriate. The Official Disability Guidelines (ODG) does not recommend Zofran for nausea and vomiting secondary to chronic opioid use. Current research for treatment of nausea and vomiting as related to opioid use primarily addresses the use of antiemetic in patients with cancer pain or those utilizing opioids for acute/postoperative therapy. Recommendations based on these studies cannot be extrapolated to chronic non-malignant pain patients. The documents submitted does not warrant the need for the injured worker need Zofran ODT. In addition, the documentation provided does not indicate the injured worker having a diagnosis of cancer or acute/postoperative therapy. Given the above, the request is not medically necessary or appropriate.