

Case Number:	CM14-0033438		
Date Assigned:	07/07/2014	Date of Injury:	12/05/2008
Decision Date:	10/07/2014	UR Denial Date:	02/21/2014
Priority:	Standard	Application Received:	03/17/2014

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:

There were 406 pages provided for this review. The request for independent medical review was signed on March 17, 2014. It was for five prescription refills of docusate sodium 100 mg number 60 between February 10, 2014 in July 19, 2014; and one prescription of Ambien 5 mg number 30 between February 10, 2014 and April 20, 2014. Per the records provided, the claimant is a 51-year-old man who was injured in 2008. The patient was currently seeing the provider once a month and the previous reviewer felt five months work of docusate sodium was unnecessary. The request for Ambien was non-certified due to a lack of guideline recommendations for the long-term use of this medicine. The provider stated that the patient complains of insomnia secondary to chronic pain. He is taking 45 mg dose and use of this is it as needed on nights he cannot sleep. With Ambien he sleeps five hours a night and without at 1.5 to 2 hours a night. The prior provider made no mention of the denial of the five refills of the docusate. It was felt that a small amount of the Ambien could be certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Docusate Sodium 100mg, QTY: 60 with 5 refills.: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation McKay SL, Flavel M, Scanlon C, Management of constipation. Iowa City (IA) University of Iowa Gerontological Nursing Interventions Research Center, Research Translation and Discrimination Core.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Physician Desk Reference, 2014 web edition, regarding Docusate.

Decision rationale: The MTUS and the ODG are silent on Docusate. The Physician Desk Reference notes it is to soften stool and prevent constipation. It is not clear that there actually was constipation, and therefore that the medicine was essential. Further, I would agree that 5 refills would be unnecessary, especially if the patient is seeing the provider monthly. Also, natural fiber and other sources of avoiding constipation were not exhausted. The request is not medically necessary.

Ambien 5mg, QTY: 30 between: 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)

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

Decision rationale: The MTUS is silent on the long term use of Zolpidem. The ODG, Pain section, under Zolpidem notes that is a prescription short-acting nonbenzodiazepine hypnotic, which is approved for the short-term (usually two to six weeks) treatment of insomnia. In this claimant, the use is a chronic long term usage. The guides note that pain specialists rarely, if ever, recommend them for long-term use. 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. (Feinberg, 2008). This request is not medically necessary.