MAXIMUS Federal Services

Case Number:	CM14-0033633		
Date Assigned:	06/20/2014	Date of Injury:	11/16/2009
Decision Date:	07/24/2014	UR Denial Date:	02/25/2014
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 Occupatioanl 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 neck pain reportedly associated with an industrial injury of November 16, 1999.Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; transfer of care to and from various providers in various specialties; unspecified amounts of acupuncture; and unspecified amounts of chiropractic manipulative therapy.In a February 25, 2014 progress note the claims administrator partially certified a request for Ambien, apparently for weaning purposes. No guidelines were incorporated into decision of rationale. The claims administrator stated, however, that it was citing MTUS Chronic Pain Medical Treatment Guidelines, but again did not incorporate said guidelines into the decision or rationale. The applicant's attorney subsequently appealed. In a progress note dated November 7, 2013, the applicant's treating provider apparently sought authorization for right shoulder arthroscopy as well as an updated MRI of the right shoulder.The applicant's medications list was not detailed on this occasion. On April 18, 2013, the applicant was apparently described as using Naprosyn, Prilosec, Levoxyl, losartan, hydrochlorothiazide, and Tenormin. On February 25, 2014, the applicant was given a variety of medication refills. The applicant's medication list was not clearly detailed on this occasion. 12 sessions of manipulative therapy were sought. On January 21, 2014, the applicant was described as using Norco and Ambien. The above medications were apparently renewed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ambien: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Food and Drug Administration (FDA) Ambien Medication Guide.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 7-8.

Decision rationale: As noted on pages 7 and 8 of the MTUS Chronic Pain Medical Treatment Guidelines, the attending provider should furnish compelling evidence to support usage of drugs for non-FDA labeled purposes. In this case, however, the Food and Drug Administration (FDA) notes that Ambien is indicated in the short-term treatment for insomnia, for up to 35 days. Ambien is not indicated for the chronic, long-term, and/or scheduled use purpose for which it is seemingly being proposed here. Therefore, the request is not medically necessary.

Norco: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 80.

Decision rationale: As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of the same. In this case, however, the applicant does not appear to be working with limitations. There has been no mention or elaboration upon any decrements in pain or improvements in function achieved with ongoing Norco usage. The attending provider simply stated in several notes that the medications were helping but did not elaborate or expound upon the same. Therefore, the request is not medically necessary.