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| Case Number: | CM14-0033691 | | |
| Date Assigned: | 06/06/2014 | Date of Injury: | 06/05/2003 |
| Decision Date: | 07/14/2014 | UR Denial Date: | 03/03/2014 |
| Priority: | Standard | Application Received: | 03/18/2014 |

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 Neuromusculoskeletal Medicine and is licensed to practice in Arizona. 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 patient is a 64-year old female who sustained an injury on 6/5/2003 as a result of helping to hold down a psychiatric patient who had become agitated and in the process of putting the patient down, she fell onto her right side of the body with her head turned toward the left as the patient had spat in her face. As of the most recent Primary Treating Physician Report dated 4/30/14, the patient reports that he has low back pain with left greater than right lower extremity symptoms at 6/10 on the pain scale, cervical pain with left greater than right upper extremity symptoms at 5/10 with Left and right knee pain, 5/10 and 3/10 on the pain scale respectively. The patient indicates that the medication enables greater function and activity level. On physical examination, there is appreciable tenderness of the lumbar and cervical spine with range of motion limited by pain, there is difficulty arising from a seated position and is noted to have a slight antalgic gait with the neurologically unchanged. A positive straight leg raise is documented. She has been found to have broad base disc protrusions at L3-4 and L4-5 levels with both discs with lateral foraminal extensions. In addition, there is evidence of an annular tear at the L4-5 level. Her current medications include Oxycontin, Percocet, and Lidoderm patches. There is no documented subjective or objective finding concerning sleep difficulty. On the Doctor's First Report of Occupational Injury or Illness dated 2/21/2014 is it documented any regard concerning sleeping. At dispute is the request for Zolpidem and codeine-butalbital-ASA-caff.

IMR ISSUES, DECISIONS AND RATIONALES

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

ZOLPIDEM 10MG #30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Guidelines, page 65.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Health and Stress, Insomnia as well as Other Medical Treatment Guideline or Medical Evidence: Web base medlineplus/druginfo/meds.

Decision rationale: The ODG guidelines recommend treatment is based on the etiology. Additionally, Pharmacological agents should only be used after careful evaluation of potential causes of sleep disturbance. Failure of sleep disturbance to resolve in a 7 to 10 day period may indicate a psychiatric and/or medical illness. Primary insomnia is generally addressed pharmacologically. Secondary insomnia may be treated with pharmacological and/or psychological measures. The specific component of insomnia should be addressed: (a) Sleep onset; (b) Sleep maintenance; (c) Sleep quality; & (d) Next-day functioning. Although Zolpidem was specifically designed to assist patients who are having trouble obtaining restful sleep, it was not intended for extended periods of use. Because of the recommendation that its use not go beyond a two week period, the request for the use of Zolpidem is declined. There is no documented subjective or objective finding concerning sleep difficulty. Aside from the Doctor's First Report of Occupational Injury or Illness dated 2/21/2014 documented concern sleeping with the patient making a check mark next to the statement regarding obtaining less than 6 hours of sleep without medication, there is no documented subjective or objective finding concerning sleep difficulty. As result, there is no merit for requesting medication for an issue with insomnia when no appropriate work up has been performed. Therefore the request is not medically necessary.

CODEINE-BUTALIBITAL-ASA-CAFF COD 30MG #60: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Guidelines, page 65.

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: Web base medlineplus/druginfo/meds.

Decision rationale: Fiorinal with Codeine #3 - Per the referenced website, the use of this medication is for tension headaches as the Aspirin and codeine are for pain, the Butalbital has a depressant effect that reduces anxiety and causes relaxation and Caffeine may work by constricting blood vessels that may cause headaches. After a thorough and exhaustive review of the provided medical documentation, there is no documentation of tension headaches. As result, there is no medically necessity for the requested medication. The request is denied.

