

Case Number:	CM14-0038973		
Date Assigned:	06/27/2014	Date of Injury:	05/21/2003
Decision Date:	08/14/2014	UR Denial Date:	03/25/2014
Priority:	Standard	Application Received:	04/01/2014

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, has a subspecialty in Pain Medicine and is licensed to practice in Texas and Oklahoma. 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 51-year-old male who reported an injury on 05/21/2003 due to a lifting injury. On 06/19/2014, the injured worker presented with swollen painful ankles along with neck and back pain. Upon examination, the provider noted that the injured worker was "calmer with medications, a lot less depressed, and less mean." The diagnoses were major depressive disorder, single episode. The current medications include Duloxetine, Lamotrigine, and Zolpidem. The provider recommended Ambien, Sprix, and 6 sessions of acupuncture. The provider's rationale was not provided. The Request for Authorization form was not included within the medical documents for review.

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 , 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, Ambien.

Decision rationale: The request for Ambien 10 mg with a quantity of 30 is non-certified. The Official Disability Guidelines state Ambien is a prescription short acting nonbenzodiazepine hypnotic and it is approved for short-term (usually 2 to 6 weeks) treatment of insomnia. Proper sleep hygiene is critical to the individual with chronic pain involved and hard to obtain. Various medications may provide short-term benefit. While sleeping pills, so called minor tranquilizers and antianxiety agents are commonly prescribed in chronic pain, 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 and depression over the long-term. Cognitive behavioral therapy should be an important part of an insomnia treatment plan. The documentation does not indicate that the injured worker had symptoms or a diagnosis of insomnia. The severity of the insomnia was not addressed. Additionally, the provider's request does not indicate the frequency of the medication. As such, the request is non-certified.

Sprix 15.75 mg nasal spray #5: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain (chronic); FDA (2010).

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

Decision rationale: The request for Sprix 15.75 mg nasal spray with a quantity of 5 is non-certified. The Official Disability Guidelines state that Sprix is an FDA approved intranasal formulation of Ketolorac (Ketorolac?) Tromethamine for short-term management of moderate to moderately severe pain requiring analgesia at the opioid level. The duration of use for this intranasal formulation, as with other Ketolorac (Ketorolac?) formulations, should be for the shortest duration possible and not to exceed 5 days. Both studies used for approval were for short-term pain after abdominal surgery, so it is not recommended as a first line medication for chronic pain. The injured worker has been prescribed Sprix since at least 10/2013. This exceeds the guideline recommendations of a 5 day treatment. As such, the request is non-certified.

6 acupuncture sessions: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 204, Acupuncture Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The request for 6 acupuncture sessions is non-certified. The California MTUS Guidelines state acupuncture is an option when pain medication is reduced or not tolerated, and must be used in adjunct to physical rehabilitation and/or to hasten functional recovery. The frequency and duration of acupuncture is recommended at 3 to 6 treatments for 1 to 3 weeks, with an optimum duration of 1 to 2 months. The provider's request for acupuncture sessions does not indicate the site or frequency in the request as submitted. Additionally, more

information is needed as to if the injured worker has already had a previous course of acupuncture sessions. As such, the request is non-certified.