

Case Number:	CM14-0043000		
Date Assigned:	06/30/2014	Date of Injury:	12/22/2006
Decision Date:	08/21/2014	UR Denial Date:	03/19/2014
Priority:	Standard	Application Received:	04/10/2014

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:

The patient is a 60-year-old female who has submitted a claim for chronic left arm pain due to degenerative osteoarthritis and myofascial pain syndrome, pain disorder with psychological or general medical condition and persistent insomnia associated with an industrial injury date of December 22, 2006. Medical records from 2013 through 2014 were reviewed, which showed that the patient complained of chronic pain in the left arm and persistent insomnia due to the pain. Physical examination findings were not included in the records for review. Treatment to date has included a home exercise program, medications, which include Tramadol, Voltaren Gel, Lyrica 50mg, Ibuprofen 400mg, and Ambien CR 12.5mg. Utilization review from March 19, 2014 denied the request for Ibuprofen 400mg quantity 100 and Ambien CR 12.5mg quantity 30. Ibuprofen was denied because the documentation provided for review did not identify significant functional or vocation benefit with the use of NSAIDs. Guidelines indicate that this should be used at the lowest dose possible for the shortest duration possible however patient has been on chronic NSAIDs which is not supported. Zolpidem was denied because considering the date of injury, its use would not fall within the recommended 2-6 week duration, and use beyond the 2-6 week period may result in further functional impairment, increased pain levels and levels of depression, which would be counterproductive in the current clinical setting. Documentation also did not describe failure of behavioral interventions including sleep hygiene techniques.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ibuprofen 400mg QTY: 100: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 72.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 22, 46, 72. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), NSAIDS.

Decision rationale: As stated on pages 22 and 46 of CA MTUS Chronic Pain Medical Treatment Guidelines, NSAIDs are recommended at the lowest dose for the shortest period in patients with moderate to severe pain and that there is no evidence of long-term effectiveness for pain or function. Long-term use of NSAIDs is not warranted. Page 72 of CA MTUS Chronic Pain Medical Treatment Guidelines state that ibuprofen can be taken for mild to moderate pain as 400 mg PO every 4-6 hours as needed. Doses greater than 400 mg have not provided greater relief of pain. In addition, Official Disability Guidelines states that there is inconsistent evidence for the use of these medications to treat long-term neuropathic pain, but they may be useful to treat breakthrough pain. In this case, patient has been on Ibuprofen since 2013. Chronic NSAID intake however is not recommended by guidelines. Medical records submitted for review also failed to show objective evidence of functional improvement derived from NSAID use. Therefore, the request for Ibuprofen 400mg QTY: 100 is not medically necessary.

Ambien CR 12.5mg QTY: 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), Pain (updated 03/10/14), Insomnia treatment.

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

Decision rationale: CA MTUS does not specifically address Zolpidem. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, the Official Disability Guidelines (ODG) was used instead. ODG states that Zolpidem (Ambien) is a prescription short-acting non-benzodiazepine hypnotic, which is approved for the short-term (usually two to six weeks) treatment of insomnia. While sleeping pills 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. There is also concern that they may increase pain and depression over the long term. In this case, the patient's initial intake of Zolpidem is not known, but the earliest record of intake was in 2013. There is no documentation of trial and failure of non-pharmacologic management of sleep disturbances. No objective functional gains from Zolpidem use were noted. Furthermore, guidelines recommend short term use only. Medical necessity has not been established. Therefore, the request for Ambien CR 12.5mg QTY: 30 is not medically necessary.

