

Case Number:	CM14-0046092		
Date Assigned:	07/02/2014	Date of Injury:	04/25/1994
Decision Date:	12/31/2014	UR Denial Date:	03/14/2014
Priority:	Standard	Application Received:	04/14/2014

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 and Rehabilitation, has a subspecialty in Pain 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:

This is a patient with a date of injury of 4/25/94. A utilization review determination dated 3/14/14 recommends non-certification of Motrin and Ambien. Hydrocodone and Duragesic were certified. It referenced a 3/4/14 medical report (which was not submitted for review) identifying pain in the neck, right shoulder, and arm, radiating to the elbow, wrist, and hand. Current medications include Ambien, Benadryl, Duragesic, hydrocodone, Imodium, melatonin, and Motrin. On exam, there was a positive Neer's test on the right, limited ROM, tenderness suggestive of CRPS, and decreased sensation. Pain was 7/10 with medication and 10/10 without. He is able to do chores around the house and minimal activities outside 2 days per week with medication, but stays in bed all day feeling hopeless and helpless about life without medications. Patient complains of a worst amount of pain control and feels that the basement level has been found, and symptoms have become more specific with lower doses. He is now at 328 MDE from over 800.

IMR ISSUES, DECISIONS AND RATIONALES

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

Motrin 800 mg take 1 po tid: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 67-68.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 67-72 of 127.

Decision rationale: Regarding the request for Motrin, Chronic Pain Medical Treatment Guidelines state that NSAIDs are recommended at the lowest dose for the shortest period in patients with moderate to severe pain. Within the documentation available for review, the provider notes that medications decrease pain 3 points on the VAS scale and allow for increased activity and the ability to do some ADLs and get out of the house. In light of the above, the currently requested Motrin is medically necessary.

Ambien 5 mg 1 po qhs as needed: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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 and Zolpidem

Decision rationale: Regarding the request for zolpidem (Ambien), California MTUS guidelines are silent regarding the use of sedative hypnotic agents. ODG recommends the short-term use (usually two to six weeks) of pharmacological agents only after careful evaluation of potential causes of sleep disturbance. They go on to state the failure of sleep disturbances to resolve in 7 to 10 days may indicate a psychiatric or medical illness. Within the documentation available for review, there is no description of the patient's insomnia, no statement indicating what behavioral treatments have been attempted insomnia, and no statement indicating how the patient has responded to Ambien treatment. Finally, there is no indication that Ambien is being used for short-term use as recommended by guidelines. In the absence of such documentation, the currently requested zolpidem (Ambien) is not medically necessary.