

Case Number:	CM14-0052781		
Date Assigned:	07/07/2014	Date of Injury:	03/08/2009
Decision Date:	09/09/2014	UR Denial Date:	03/27/2014
Priority:	Standard	Application Received:	04/21/2014

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 Interventional Spine 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 64-year-old male with an injury date of 03/08/2009. According to the 03/11/2014 progress report, the patient presents with persistent neck pain, which he rates as a 6/10 and shoulder pain which he also rates as a 6/10. The patient is positive for weight loss/gain, fatigue, sleeping problems, headaches, depression, stress, neck pain, and back pain. The 11/21/2013 report indicates that the patient's cervical spine has a limited range of motion and tenderness to palpation/hypertonicity noted on the trapezius and paravertebral muscles on the right side. Spurling's test is positive on the right, and sensation is decreased in the C6 and C7 nerve root distribution. The patient's diagnoses include the following: Status post right shoulder arthroscopy 01/25/2012, with residual loss of range of motion and strength; Ongoing depression and anxiety secondary to loss of income and employment, physical pain, and decreased ability to function within his household; History of ulcerative colitis; Chronic cervical strain; C6-C7 3- to 4-mm central posterior disk protrusion contact in the spinal cord; and Degenerative disk disease at C7-T1, minimum grade 1 anterolisthesis without significant disk bulge. The request is for the following: Ambien 5 mg #30, dispensed on 03/14/2014, urinalysis, and pain management consult and treatment. The utilization review determination being challenged is dated 03/27/2014. Treatment reports were provided from 10/11/2013 - 03/11/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ambien 5 mg #30, Dispensed on 3/14/2014: Upheld

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

MAXIMUS guideline: The Expert Reviewer based his/her decision on the Non-MTUS: Official Disability Guidelines (ODG), Zolpidem (Ambien).

Decision rationale: Based on the 03/11/2014 progress report, the patient presents with neck pain and shoulder pain. The patient has been taking Ambien for his insomnia as early as 10/11/2013. The MTUS and ACOEM Guidelines do not address Ambien; however, the ODG Guidelines state that Ambien is indicated for short-term treatment of insomnia with difficulty of sleep onset 7 to 10 days. The patient has been taking Ambien since 10/11/2013, which well over exceeds the ODG Guidelines. Such as, Ambien 5 mg #30, Dispensed on 3/14/2014 is not medically necessary.

Urinalysis: Upheld

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

MAXIMUS guideline: The Expert Reviewer based his/her decision on the MTUS: Chronic Pain Medical Treatment Guidelines, Drug testing, page 43; and on the Non-MTUS: Official Disability Guidelines (ODG), Criteria for Use of Urine Drug Testing.

Decision rationale: According to the 03/11/2014 progress report, the patient presents with pain in his neck as well as the shoulders. The request is for a urinalysis. A urine toxicology screen is requested as part of a pain treatment agreement during opioid therapy. Potential for substance abuse presents a therapeutic selection dilemma in managing the patient. Urine toxicology screen is conducted to assess the current levels of prescription medication use. This has to be utilized as a reference for future medical management protocols. While the MTUS Guidelines does not specifically address how frequent UDS should be obtained from various risk opiate users, the ODG Guidelines provided clear guideline for low-risk opiate users. It recommends once-yearly urine drug screen following initial screening within the first 6 months for management of chronic opiate use. The patient has had a UDS on 10/11/2013 revealing that the patient had hydrocodone and Hydromorphone in his system, which was not prescribed. There is no other discussion regarding opiates management. There is no assessment to determine what risk level this patient is for opiate use and the provider does not list what medication this patient is on. The request appears to be template writing without specifics that are relevant to this patient. Such as, a Urinalysis is not medically necessary.

Pain management consult and treatment: Overturned

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 American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) ACOEM Practice Guidelines, 2nd Edition (2004), Ch:7 page 127 The occupational health practitioner may refer to other specialists if a diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. An independent medical assessment also may be useful in avoiding potential conflict(s) of interest when analyzing causation or when prognosis, degree of impairment, or work capacity requires clarification. Consultation: To aid in the diagnosis, prognosis, therapeutic management, determination of medical stability, and permanent residual loss and/or the examinee's fitness for return to work. A consultant is usually asked to act in an advisory capacity, but may sometimes take full responsibility for investigation and/or treatment of an examinee or patient.

Decision rationale: According to the 03/11/2014 report, the patient presents with neck pain and shoulder pain. The request is for a pain management consult and treatment for possible epidurals. The ACOEM page 127 states: Occupational health practitioners may refer to other specialists if a diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. The ACOEM supports specialty consultation for complex issues. The current provider may not feel comfortable or feel that it is within his/her specialty to address possible epidurals. Such as, Pain management consult and treatment is medically necessary.

