

Case Number:	CM14-0056426		
Date Assigned:	07/16/2014	Date of Injury:	01/19/2005
Decision Date:	10/09/2014	UR Denial Date:	04/14/2014
Priority:	Standard	Application Received:	04/25/2014

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, and is licensed to practice in Nevada. 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 records, presented for review, indicate that this 38-year-old female was reportedly injured on January 19, 2005 due to removing a child having a tantrum outside of the classroom. The most recent progress note, dated April 2, 2014, indicated that there were ongoing complaints of atrial fibrillation. The episodes of atrial fibrillation were stated to be connected to the usage of flecainide but were also stated to be related to stress and sleep deprivation. There were also complaints of neck and left-sided shoulder pain. Upper gastrointestinal tract symptoms were stated to be improved. The physical examination demonstrated regular heart rhythm with no murmurs, gallops, or rubs. Diagnostic imaging studies were not reviewed during this visit. Previous treatment is unknown. A request had been made for Butrans patches and Ambien 25 mg and was not certified in the pre-authorization process on April 15, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Butrans 5mcg/hr, 1 Patch Q7 Days #4 With 3 Refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 26-27 of 127..

Decision rationale: The California MTUS guidelines recommend buprenorphine (Butrans) for the treatment of opiate addiction and as an option for chronic pain, especially after a detoxification program. Review of the available medical records fails to document that the injured employee meets the criteria for the use of this medication. As such, this request for Butrans patches is not medically necessary.

Ambien 25, MG PRN, HS #30 for sleep: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation 2014 PDR (Physician Desk Reference), Ambien

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) - TWC/ODG Integrated Treatment/Disability Duration Guidelines; Pain (Chronic) - Ambien (updated 09/10/14).

Decision rationale: According to the Official Disability Guidelines, 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. The guidelines specifically do not recommend them for long-term use for chronic pain. Additionally, the maximum recommended dosage of Ambien is 10 mg. As such, this request for Ambien 25 mg is not medically necessary.