

Case Number:	CM14-0064916		
Date Assigned:	07/11/2014	Date of Injury:	05/09/2001
Decision Date:	10/20/2014	UR Denial Date:	04/24/2014
Priority:	Standard	Application Received:	05/06/2014

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 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 injured worker is a 59-year-old female, who reported injury on 05/09/2001, which reportedly occurred when a man grabbed her by the neck in attempt to steal her purse. Then, he proceeded to kick her in the stomach and drag her to his car by her neck. The assailant drove off and dragged the injured worker 75 to 90 feet prior to releasing her. The injured worker's treatment history included medications, psychotherapy sessions, acupuncture sessions, and MRI of the brain. The injured worker was evaluated on 04/10/2014, and it was documented that the injured worker complained of ongoing low back pain with left lower extremity radicular symptoms, requiring the use of a cane. Her cervical spine and right shoulder continued to be painful and tender. The findings: Cervical spine had mildly limited range of motion, pain, and tenderness of the paracervical trapezius musculature, worse on the right than left. Her right shoulder continued to have limited range of motion secondary to pain. There was a positive impingement maneuver. Lumbar spine had persistent antalgic gait that was now worse as a result of the knee pain. She was using a cane for assistance. There continued to be pain and tenderness worse on the left than the right. Range of motion was clearly limited. There was positive bilateral straight leg raise. Medications included Lyrica 100 mg, Sprix spray, Nuvigil 150 mg, zolpidem ER 12.5 mg, Spiriva, albuterol 2 mg, and gabapentin 600 mg. Diagnoses included "face and neck injury NOS, salivary secretion dis, myalgia and myositis NOS, dislocation jaw-closed, sprain rotator cuff, adhesive capsulit shoulder, and rotator cuff rupture." Authorization, dated 04/10/2014, was for Sprix spray, Nuvigil, zolpidem ER, Spiriva, and albuterol 2 mg.

IMR ISSUES, DECISIONS AND RATIONALES

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

Sprix spray 15.75 mg qty 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 (ODG)

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 (ketorolac tromethamine nasal spray)

Decision rationale: The request for Sprix spray 15.75 mg qty 5 is not medically necessary. Official Disability Guidelines (ODG) state that in 05/2010 FDA approved an intranasal formulation of ketorolac tromethamine (Sprix nasal spray) for the short term management of moderate to moderately severe pain requiring analgesia at the opiate level. The total duration of use of this intranasal formulation, as with other ketorolac formulations, should be for the shortest duration possible and not to exceed 5 days. There is no documentation of failed first line opiates. Based on the currently available information, the request for Sprix spray is not medically necessary.

Nuvigil 150 mg qty 30: 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 Drugs.com

Decision rationale: The request for Nuvigil 150 mg qty 30 is not medically necessary. According to Drugs.com, Nuvigil is used to treat excessive sleepiness caused by sleep apnea, narcolepsy, or shift work disorder. There are no objective findings that postulate such symptoms. Furthermore, there is no documentation of symptomatic or functional improvement or evidence of the medical necessity for its continued use. Therefore, the request for Nuvigil 150 mg qty 30 is not medically necessary.

Zolpidem ER 12.5 mg 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)

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

Decision rationale: The request for Zolpidem ER 12.5 mg # 30 is not medically necessary. The Official Disability Guidelines (ODG) states that Ambien is a prescription short-acting non benzodiazepine hypnotic, which is approved for the short-term (usually two to six weeks)

treatment of insomnia. Proper sleep hygiene is critical to the individual with chronic pain and often is hard to obtain. Various medications may provide short-term benefit. While sleeping pills, so-called minor tranquilizers, and anti-anxiety 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 pain and depression over the long-term. The documentation that was submitted for review lacked evidence on the duration the injured worker has been on Ambien. In addition, the request did not include the frequency or duration for the medication for the injured worker. The guidelines do not recommend Ambien for long-term use. Therefore, the continued use of Ambien is not supported. As such the request is not medically necessary.

Spiriva: 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)

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

Decision rationale: The request for Spiriva is not medically necessary. Official Disability Guidelines (ODG) states that in patients with cough due to upper respiratory infection (URI) or chronic bronchitis, the only inhaled anticholinergic that is recommended for cough suppression is ipratropium MDI. The injured worker has a history of pulmonary fibrosis and asthma. However, the request that was submitted did not include quantity, duration, and frequency of medication. Therefore, the request for Spiriva is not medically necessary.

Albuterol tab 2 mg qty 1: 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)

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

Decision rationale: Request for Albuterol tab 2 mg qty 1 is not medically necessary. Official Disability Guidelines (ODG) recommends inhaled short acting beta 2 agonists as a first line choice for asthma. The guidelines do not address oral tablets. Furthermore, the request that was submitted did not include quantity, duration, or frequency of medication. As such, the request for Albuterol tab 2 mg qty 1 is not medically necessary.