

Case Number:	CM14-0067533		
Date Assigned:	07/11/2014	Date of Injury:	01/15/1998
Decision Date:	09/15/2014	UR Denial Date:	04/14/2014
Priority:	Standard	Application Received:	05/12/2014

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 Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Texas. 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 55 year-old female who reported an injury to her facial region on 01/15/98. The clinical note dated 09/12/13 indicates the injured worker having a positive Spurling's sign. Tenderness was identified at the posterior cervical and bilateral trapezial musculature. The clinical note dated 11/08/13 indicates the injured worker able to demonstrate 20 degrees of cervical rotation and flexion. The clinical note dated 01/16/14 indicates the injured worker continuing with tenderness at the posterior cervical and bilateral trapezial musculature. The injured worker was able to demonstrate 20 degrees of cervical extension along with 70 degrees of lateral rotation bilaterally. Tenderness was also identified at the lower lumbar musculature. The clinical note dated 06/19/14 indicates the injured worker complaining of jaw pain. The note also indicates the injured worker utilizing Ambien and Ultram. The utilization review dated 04/14/14 resulted in denials for Ambien and Ultram as no information had been submitted regarding the ongoing need for these medications. The request for a re-evaluation for Temporomandibular joint (TMJ) involvement was certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Re-evaluation for evaluation and treatment of TMJ: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, IME and Consultations, Page 503.

Decision rationale: The request for a reevaluation for evaluation and treatment of the Temporomandibular joint (TMJ) is not medically necessary. The documentation indicates the injured worker complaining of cervical region pain. There is an indication the injured worker had undergone a 2nd opinion evaluation for the Temporomandibular joint (TMJ) related symptoms. However, no results were submitted indicating the need for an additional re-evaluation. Therefore, this request is not indicated as medically necessary.

Ambein 10mg, #15, 2 refills: 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 Chapter, 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, Zolpidem (Ambien®).

Decision rationale: Ambien is approved for the short-term (usually two to six weeks) treatment of insomnia. Pain specialists rarely, if ever, recommend it for long-term use. Ambien can be habit-forming, and may impair function and memory more than opioid pain relievers. There is also concern that it may increase pain and depression over the long-term. The patient has been utilizing this medication on a long-term basis, exceeding the recommended 6 week window of use. Given this factor, the request for Ambien 10 mg is not medically necessary.

Ultram 50mg, #60, 2 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol (Ultram) Page(s): 113.

Decision rationale: Injured workers must demonstrate functional improvement in addition to appropriate documentation of ongoing pain relief to warrant the continued use of narcotic medications. There is no clear documentation regarding the functional benefits or any substantial functional improvement obtained with the continued use of this medication. No recent opioid risk assessments regarding possible dependence or diversion were available for review. Moreover, there were no recent urine drug screen reports made available for review. As the clinical documentation provided for review does not support an appropriate evaluation for the continued use of this medication, the medical necessity of this medication has not been established at this time.