

Case Number:	CM14-0070160		
Date Assigned:	07/14/2014	Date of Injury:	10/19/2012
Decision Date:	09/08/2014	UR Denial Date:	05/07/2014
Priority:	Standard	Application Received:	05/15/2014

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 and Florida. 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 54 year old female who was injured on 10/19/2012. The diagnoses are cervical radiculopathy, muscle spasm and chronic pain syndrome. The 8/19/2013 MRI of the cervical spine showed multilevel disc bulges, facet arthropathy and neural foramina stenosis. On 3/21/2014, [REDACTED] noted subjective complaints of neck pain radiating to the upper extremities associated with numbness and headache. There was decreased range of motion of the cervical spine with positive Tinel's and Phalen's signs. The past surgery history is significant for cervical spine fusion on 4/30/2014. The patient did not have sustained pain relief after 12 Physical Therapy sessions, 6 acupuncture treatments and trigger points injections. On 6/21/2014 office visit, it was noted that there was decrease in pain score following surgery. A Utilization Review determination was rendered on 5/7/2014 recommending non certification for Ambien 10mg #21 and Duexis 800mg #90 with 2 refills.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ambien 10mg #21: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Pain Chapter.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 24. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter and Mental Health and Stress Chapter.

Decision rationale: The CA MTUS and the ODG addressed the use of sedative and hypnotics in the treatment of insomnia associated with chronic pain. The ODG recommends that the use of sleep medications be limited to less than 6 weeks to decrease the risk of dependency, addiction and adverse interaction with other sedatives and opioids. The records indicate that the patient was prescribed Ambien 10mg for the short term treatment of insomnia during the post-operative period following cervical spine fusion surgery. The criteria for the use of Ambien 10mg #21 was met and is found to be medically necessary.

Duexis 800mg #90 with 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 70-72. Decision based on Non-MTUS Citation Official Disability Guidelines: Pain Chapter.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 67-73, Postsurgical Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter.

Decision rationale: The CA MTUS addressed the use of NSAIDs in the treatment of chronic musculoskeletal pain. It is recommended that the use of NSAIDs be limited to the lowest possible dose for the shortest period during acute exacerbation of musculoskeletal pain to minimize adverse gastrointestinal, renal and cardiovascular effects. The adverse gastrointestinal effects can be minimized by the use of proton pump inhibitors, H2 antagonist or COX-2 NSAIDs. The medication Duexis contains ibuprofen 800mg and famotidine 26.6mg. The famotidine component is available as an OTC medication. The records did not indicate that the patient could not tolerate standard ibuprofen and famotidine formulations. The criteria for the use of the medications as Duexis 800mg formulation #90 2 refill was not met and Duexis is found to be not medically necessary.