MAXIMUS Federal Services

Case Number:	CM14-0070330		
Date Assigned:	08/08/2014	Date of Injury:	03/04/2013
Decision Date:	11/26/2014	UR Denial Date:	04/09/2014
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 Physical Medicine & Rehabilitation and Pain Medicine 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 51-year-old female who reported an injury on 03/04/2013. The mechanism of injury was not provided. The injured worker's diagnoses include cervical radiculitis, neck pain, bilateral cubital tunnel syndrome, history of narcoidosis, and hypertension. The injured worker's past treatments include medications and therapy. On the clinical note dated 04/28/2014, the injured worker complained of hand pain and neck pain. The injured worker had paraspinal spasms, trigger points at the trapezius and rhomboids, deep tendon reflexes were normal on the right and left, and there was tenderness to the greater occipital on the right and left. There was pain with range of motion which was 25% reduced, sensory and motor exam was normal. The injured worker's medications included Ambien 10 mg at bedtime, Norco tablets 7.5/325 mg 4 times a day as needed, Lyrica 50 mg twice a day, Celebrex 200 mg twice a day, and Bactrim DS 800/160 mg 2 tablets 3 times a day. The request was for Ambien 10 mg and Vicodin 7.5/325 mg. The rationale for the request was not provided. The Request for Authorization was submitted on 04/02/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ambien 10mg #30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINESPAIN (CHRONIC)

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

Decision rationale: The injured worker has diagnoses of cervical radiculitis, bilateral cubital tunnel syndrome, history of narcoidosis, and hypertension. The injured worker complains of hand pain and neck pain. The Official Disability Guidelines do not recommend Ambien for long term use, but recommended for short term use. The guidelines also state non-benzodiazepine sedative hypnotics are first line medications for insomnia. Pharmacological agents should only be used after careful evaluation of potential causes of sleep disturbance. Ambien is indicated for the short term treatment of insomnia with difficulty of sleep onset for 7 to 10 days. The injured worker's medical records lacked documentation of a diagnosis of insomnia stemming back to 03/26/2014. The guidelines only recommend Ambien for 7 to 10 days and the request was for 30 pills between the dates of 03/26/2014 and 05/22/2014. There is a lack of documentation of the effectiveness of the medication for the inability to sleep. Additionally, the request does not indicate the frequency of the medication. As such, the request for Ambien 10 mg #30 between 03/26/2014 and 05/22/2014 is not medically necessary.

Celebrex 200mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAID Page(s): 67-68.

Decision rationale: The injured worker is diagnosed with cervical radiculitis, neck pain, bilateral cubital tunnel syndrome, history of narcoidosis, and hypertension. The injured worker complained of hand pain and neck pain. The California MTUS Guidelines recommend non-steroidal anti-inflammatory drugs at the lowest dose for the shortest period in patients with moderate to severe pain. The guidelines state anti-inflammatories are the traditional first line of treatment to reduce pain so activity and functional restoration can resume, but long term use may not be warranted. The injured worker's medical records lacked documentation of the efficacy of the medication, the time frame of efficacy, the efficacy of functional status that the medication provided, and the pain rating pre and post medication. Additionally, the request did not indicate the frequency of the medication. As such, the request for Celebrex 200 mg #60 is not medically necessary.

Vicodin 7.5/325mg # 120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioid Management Page(s): 78.

Decision rationale: The injured worker is diagnosed with cervical radiculitis, bilateral cubital tunnel syndrome, history of narcoidosis, and hypertension. The injured worker complained of hand pain and neck pain. The California MTUS Guidelines recommend an ongoing review of medications with the documentation of pain relief, functional status, appropriate medication use, and side effects. The guidelines also recommend that opioids for chronic back pain be limited for short term pain relief not greater than 16 weeks. There is a lack of documentation indicating the injured worker has significant objective functional improvement with the medication. The requesting physician did provide documentation of an adequate and complete assessment of the injured worker's pain. There is a lack of documentation that indicates the injured worker has decreased functional deficits. The documentation did not include a recent urine drug screen or documentation of side effects. Additionally, the request does not indicate the frequency of the medication. As such, the request for Vicodin 7.5/325 mg #120 between 03/26/2014 and 05/22/2014 is not medically necessary.