

Case Number:	CM14-0073190		
Date Assigned:	07/16/2014	Date of Injury:	12/03/2001
Decision Date:	09/24/2014	UR Denial Date:	04/21/2014
Priority:	Standard	Application Received:	05/20/2014

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 Internal 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 patient was injured on 12/03/2001 and the mechanism of injury is unknown. This patient's age is not documented. Progress report dated 11/19/2012 states the patient presented to the office with complaints of knee pain that is off and on. There are no objective findings for review. The patient has a diagnosis of bilateral carpal tunnel syndrome, left shoulder SLAP tear, and labrum tear. There are limited records for review. Prior utilization review dated 04/21/2014 states the request for Ultram 150mg #60 and Ambien 10mg #30 are denied as medical necessity has not been established.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ultram 150mg #60: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 75-94.

Decision rationale: The guidelines recommend opioid therapy for chronic pain when patients have shown improved analgesia, no aberrant behaviors, no adverse effects, and improved ADLs. There were minimal clinical documents provided. The documents did not establish the above

criteria. Given the lack of clinical information provided, medical necessity has not been established. Therefore, this request is not medically necessary.

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 Guidelines.

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 (Ambien).

Decision rationale: The guidelines recommend Ambien as an option for short-term therapy for insomnia. There were minimal clinical documents provided. The documents did not discuss the patient's insomnia. There was no discussion of previous non-pharmacologic therapies that have been tried. Given the lack of clinical information provided, medical necessity has not been established. Therefore, the request is not medically necessary.