

Case Number:	CM14-0085085		
Date Assigned:	07/23/2014	Date of Injury:	08/03/1992
Decision Date:	09/18/2014	UR Denial Date:	05/30/2014
Priority:	Standard	Application Received:	06/06/2014

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 Occupational 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:

According to the submitted documents this is a 60 year-old female patient with a date of injury on 6/1/94. Mechanism of injury is not found. The 4/23/14 report indicated patient was there for follow up of head pain with pins and needle sensation 8/10, neck, shoulder and arm pain, burning and also pins and needles. There are complaints of recurrent right thumb trigger despite a previous injection current medications were Fioricet and Imitrex. She is not working and not doing therapy. On exam there was pain extension, reduced range of motion biceps, reflexes were diminished and there was deltoid weakness. In the hand there is a large module on the flexor tendon consistent with the trigger thumb. Diagnoses were bilateral shoulder impingement syndrome; bilateral thoracic outlet syndrome; cervical discopathy; cervical migraine headache; fibromyalgia; bilateral upper extremity neuropathy. Zolpidem, which is generic for Ambien is being requested. The report stated the last Ambien prescription was in December. There was a 9/11/13 report that also requested authorization for the Zolpidem with #30 given each time. This means that the patient used 60 in about 6 months. There is no mention of the pattern of use i.e. if the patient uses it several nights or weeks in a row or just one night then a few days without. Also submitted is a 7/31/13 appealing document that, among other things, discusses a utilization review denial for zolpidem as well. None of the reports requesting the zolpidem make any mention as to what the patient's response to the medication is. There is no diagnosis of insomnia that is mentioned. Psychology PR-2 which covered exam dates 2/27/14, 3/13/14, 3/24/14, 3/28/14 indicated the patient was sleeping poorly. No diagnosis of insomnia.

IMR ISSUES, DECISIONS AND RATIONALES

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

One (1) prescription of 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, Pain (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, Insomnia Medications.

Decision rationale: Both MTUS and ACOEM guidelines are silent on the treatment of insomnia. ODG guidelines recommend that treatment be based on etiology and only after careful evaluation of potential causes of sleep disturbance. Specific components of insomnia that should be addressed include sleep onset, sleep maintenance, sleep quality and functioning. According to the psychological report, it does not appear that this patient is getting adequate or appropriate sleep. None of the reports from the prescribing physician indicated that the use of the zolpidem results in any functional improvement in sleep and with abilities to engage in activities of daily living or engage in self rehabilitation activities independently. Chronic use of zolpidem is not supported by ODG or by the prescribing information. Taking into consideration the available evidence and the guidelines, this is not considered be medically necessary.

Two (2) Toradol intramuscular injections: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain (Chronic).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 72. Decision based on Non-MTUS Citation FDA prescribing information at <http://www.drugs.com/pro/ketorolac-injection.html>.

Decision rationale: There is no mention that this patient was having any acute flareup of severe pain. The patient's pain appeared to be ongoing and chronic. Toradol, also known as ketorolac is a nonsteroidal anti-inflammatory drug that has analgesic effects similar to opiates. It is not intended for chronic pain, only acute severe pain requiring opiate level analgesia which was not documented here. Thus, based upon the evidence and the guidelines this is not approved.