

Case Number:	CM14-0086667		
Date Assigned:	06/20/2014	Date of Injury:	01/21/2013
Decision Date:	07/22/2014	UR Denial Date:	05/20/2014
Priority:	Standard	Application Received:	06/10/2014

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:

The applicant is a represented [REDACTED] employee who has filed a claim for chronic shoulder, elbow, and wrist pain reportedly associated with an industrial injury of January 21, 2013. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representations; earlier right shoulder surgery in July 2013; anxiolytic medications; and unspecified amounts of physical therapy and acupuncture. In a Utilization Review Report dated May 20, 2014, the claims administrator denied a request for temazepam, lisinopril-hydrochlorothiazide, and Zolpidem. Portions of the Utilization Review Report appeared to have been truncated as the Utilization Review rationale was not seemingly incorporated into the Independent Medical Review packet. In a progress note dated April 4, 2014, the applicant was described as having persistent complaints of shoulder, elbow, and wrist pain, 6/10. The applicant was described as severely obese, with a BMI of 51. The applicant was given diagnoses of right carpal tunnel syndrome, left carpal tunnel syndrome, right elbow triceps tendinitis, right shoulder acromioclavicular arthrosis, and right shoulder impingement syndrome. The applicant was given a 25-pound lifting limitation. It was not clearly stated whether these limitations were accommodated or not. The applicant's medication list was not provided on this occasion. In an earlier note of February 10, 2014, the applicant was described as carrying diagnoses of hypertension, insomnia, fatigue, and morbid obesity. The applicant's medication list included Ketoprofen, Norflex, Benadryl, Elavil, Norco, Prilosec, lisinopril-hydrochlorothiazide, temazepam, and Ambien. The applicant's blood pressure was seemingly well controlled, at 134/89. The applicant was asked to continue lisinopril-hydrochlorothiazide, follow a low-sodium diet, and eschew NSAIDs owing to hypertension. The applicant was asked to try and lose weight to improve his sleep. Temazepam and Ambien were apparently prescribed for insomnia purposes.

IMR ISSUES, DECISIONS AND RATIONALES

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

Temazepam 15mg #30; 2 refills QTY: 3.00: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 402.

Decision rationale: As noted in the MTUS-adopted ACOEM Guidelines in Chapter 15, page 402, anxiolytics such as temazepam may be appropriate for brief periods, in cases of overwhelming symptoms, to afford an applicant with the opportunity to recoup emotional or physical resources. In this case, however, there is no evidence that the applicant had any acute episodes of panic attacks for which a short-course of temazepam would be indicated. Rather, the attending provider suggested that he intends for the applicant to employ temazepam on a long-term basis, for insomnia. This is not an appropriate indication for the same, per ACOEM. Therefore, the request is not medically necessary.

Lisinopril / HCTZ 20/25mg #30; 2 refills QTY: 3.00: Overturned

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Food and Drug Administration (FDA), Zestoretic Medication Guide.

Decision rationale: The MTUS does not address the topic. However, as noted by the Food and Drug Administration (FDA), lisinopril-hydrochlorothiazide (Zestoretic), a combination of blood pressure lowering agent, is indicated in the treatment of hypertension. In this case, the applicant does in fact carry a diagnosis of hypertension. The applicant's blood pressure was reportedly well controlled at 134/89 on the office visit in question. Continuing lisinopril-hydrochlorothiazide, then, is indicated. Accordingly, the request is medically necessary.

Zolpidem 10mg; 2 refills QTY: 3.00: 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 1. MTUS Page(s): 7-8.

Decision rationale: While the MTUS does not address the topic, pages 7 and 8 of the MTUS Chronic Pain Medical Treatment Guidelines do state that an attending provider should furnish some compelling evidences for usage of drugs for non-FDA labeled purposes. In this case, the Food and Drug Administration (FDA) states that zolpidem or Ambien is indicated in the short-term treatment of insomnia, for up to 35 days. Zolpidem is not recommended for the chronic, long-term, and/or scheduled use basis for which it is being proposed here. Therefore, the request is not medically necessary.