

Case Number:	CM14-0113924		
Date Assigned:	11/18/2014	Date of Injury:	01/12/2012
Decision Date:	01/06/2015	UR Denial Date:	07/08/2014
Priority:	Standard	Application Received:	07/21/2014

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 Family Medicine, has a subspecialty in Clinical Informatics and is licensed to practice in Pennsylvania. 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 female who was injured on January 12, 2012. The mechanism of injury was described as a fall, after which she complained of pain in her low back, left hip, tailbone, left shoulder, and left wrist. The diagnostic impression on the Workers Compensation Follow up Report on June 24, 2014 included disc degeneration cervical spine, cervical radiculopathy and lumbar spine radiculopathy with burning of her left foot. The treatment plan on that date included Ambien 10 mg, #30, Medrol dose pack, Vicodin 5-500 mg #60, EMG/NCS of the bilateral lower extremities.

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 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 Official Disability Guidelines (ODG) Section: Medications, Topic: Zolpidem

Decision rationale: According to the Official Disability Guidelines, Ambien (Zolpidem) is recommended for short-term (7-10 days) for treatment of insomnia. It may increase pain and

depression over time. The maximum dose for women is 5mg. The medical record indicates this worker had already been on this medication for several months which is not recommended. The dose is also higher than the recommended dose. Therefore, this request is not medically necessary.

Vicodin 5-500mg #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 Page(s): 74-96.

Decision rationale: According to the MTUS Chronic Pain Medical Treatment Guidelines, determination for the use of opioids should not focus solely on pain severity but should include the evaluation of a wide range of outcomes including measures of functioning, appropriate medication use, and side effects. The guidelines state that measures of pain assessment that allow for evaluation of the efficacy of opioids and whether their use should be maintained include the following: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief last. The criteria for long term use of opioids (6-months or more) includes among other items, documentation of pain at each visit and functional improvement compared to baseline using a numerical or validated instrument every 6 months. In this case, there is insufficient documentation of the assessment of pain, function and side effects in response to opioid use to substantiate the medical necessity for Vicodin. Therefore, this request is not medically necessary.