

Case Number:	CM14-0176192		
Date Assigned:	11/18/2014	Date of Injury:	10/02/2001
Decision Date:	01/08/2015	UR Denial Date:	10/02/2014
Priority:	Standard	Application Received:	10/23/2014

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, and is licensed to practice in Ohio. 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 67 year old injured worker had an industrial accident on 10/2/2001, however the medical record does not included the details. The diagnoses included currently are left rotator cuff syndrome to left shoulder, lumbar disc herniation, and bilateral nerve pain extending down both legs along with left total knee replacement. Over the course of time since the injury, there have been multiple orthopedic surgeries, 11 for the left knee alone. The injured worker also is legally blind and has lymphoma which is being treated with chemotherapy. No mention was made if these conditions were included in the industrial accident. The medication used for pain relief included Fentanyl, Tramadol, Flector patch and Cymbalta. Zolpidem has also been prescribed for insomnia due to chronic pain. The injured worker also had nonindustrial Diabetes. On 8-1-2014 the treating physician ordered a chest X-ray despite no subjective respiratory complaints that day and normal lung finding by examination with the justification of industrially related obstructive sleep apnea. That chest X-ray revealed a pulmonary nodule which may have been a nipple shadow and left lower lobe segmental atelectasis. Evidently, a repeat chest X-ray was ordered to confirm the pulmonary nodule. The injured worker has a history of non-industrial stage IV non-Hodgkin's lymphoma. The UR decision 10/02/2014 stated that the reason the chest X-ray was denied was that a Computed Tomography was the radiological choice to monitor lymphoma. The appeal for Zolpidem for insomnia was reduced and modified as to the number of pills approved.

IMR ISSUES, DECISIONS AND RATIONALES

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

One (1) Chest X-ray: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Radiology (ACR); 2014, page 78

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Am Fam Physician. 2009 Oct 15;80(8):827-831, Evaluation of the Solitary Pulmonary Nodule

Decision rationale: Patients with a pulmonary nodule of any size and risk factors for cancer should be evaluated by CT imaging. In this instance, the injured worker had no indications for a chest X-ray on 8-1-2014 from an industrial causation perspective (obstructive sleep apnea). There were no subjective respiratory complaints or objective abnormalities of the lungs that day. A finding of a potential pulmonary nodule in a patient with a history of non-Hodgkin's lymphoma is certainly concerning and should have been followed up with a CT scan and not a Chest X-ray, more appropriately ordered by his Oncologist or Pulmonologist on a non-industrial basis. Therefore, this request is not medically necessary.

Zoipidem 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 (ODG), Pain

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

Decision rationale: Zolpidem (Ambien) is a prescription short-acting non-benzodiazepine hypnotic, which is recommended for short-term (7-10 days) treatment of insomnia. Proper sleep hygiene is critical to the individual with chronic pain and often is hard to obtain. Various medications may provide short-term benefit. While sleeping pills, so-called minor tranquilizers, and anti-anxiety agents are commonly prescribed in chronic pain, pain specialists rarely, if ever, recommend them for long-term use. They can be habit-forming, and they may impair function and memory more than opioid pain relievers. There is also concern that they may increase pain and depression over the long-term. In this instance, it is apparent that Ambien has been in continuous use since at least January 2014 as evidenced by repeatedly positive urine drug screens for its metabolites since that period of time. While there is a discussion in the notes with the injured worker regarding proper sleep hygiene, there seems to have been no attempts to wean him from the medication. Because of the above noted concerns with chronic use of this medication, Zolpidem 10mg, #30 is not medically appropriate or necessary.