

Case Number:	CM14-0189623		
Date Assigned:	11/20/2014	Date of Injury:	06/14/2005
Decision Date:	02/12/2015	UR Denial Date:	10/17/2014
Priority:	Standard	Application Received:	11/12/2014

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 Physical Rehabilitation & Pain Management has a subspecialty in Interventional Spine 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 is a 55 year old female with an injury date of 06/14/05. Based on the 08/25/14 progress report, the patient complains of neck pain which extends into the right shoulder, right arm, and to the elbows. She describes this pain as being severe, frequent, and constant. The 09/16/14 report also states that the patient complains of right shoulder pain. The 09/29/14 report indicates that the patient has depression, sleep disturbance, excessive worry, restlessness, changes in weight, decreased energy, agitation, panic attacks, inability to relax, reliving of the trauma, palpitations, and shortness of breath. The patient's diagnoses include the following: 1. Depressive disorder not otherwise specified with anxiety and panic attacks 2. Psychological factors affecting medical conditions 3. Lumbar spine strain/sprain 4. Cervical spine strain/sprain The utilization review determination being challenged is dated 10/17/14. Treatment reports were provided from 08/05/14- 10/28/14. Treatment reports were hand-written and illegible.

IMR ISSUES, DECISIONS AND RATIONALES

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

Fioricet CAP (Butalbital/APA/Caff) #60 Supply: 30 days: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Barbiturate-Containing Analgesic Agents (BCAs), Page(s): 23. Decision based on Non-MTUS

Citation Official Disability Guidelines (ODG), Pain Chapter, Barbiturate-Containing Analgesic Agents (BCAs).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter on Barbiturate-Containing Analgesic Agents (BCAs).

Decision rationale: According to the 08/25/14 report, the patient presents with neck pain which extends into the right shoulder, right arm, and to the elbows. The request is for Fioricet CAP (Butalbital/APA/CAFF) #60, supply: 30 days. The patient has been taking Fioricet as early as 08/05/14. The MTUS and ACOEM Guidelines do not address this request. However, ODG Guidelines under the Pain Chapter on barbiturate-containing analgesic agents (BCAs) states, "Not recommended for chronic pain. The potential for drug dependence is high, no evidence exist to show clinically important enhancement of analgesic efficacy of BCAs due to barbiturate constituents. There is risk of medication abuse as well as rebound headache." In this case, ODG Guidelines do not recommend Fioricet for treatment of chronic pain. Therefore the request is not medically necessary.

Ambien (Zolpidem) TAB 10mg #30 Supply: 30 days: 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 Chapter (Updated 07/10/14).

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

Decision rationale: According to the 08/25/14 report, the patient presents with neck pain which extends into the right shoulder, right arm, and to the elbows. The request is for AMBIEN (ZOLPIDEM) TAB 10 MG #30, SUPPLY: 30 DAYS. Review of the reports provided does not reveal when the patient began taking Ambien. The MTUS and ACOEM Guidelines do not address Ambien. ODG guidelines Mental Illness and Stress Chapter, Zolpidem (Ambien), state, "Not recommended for long-term use, but recommended for short-term use." ODG Pain Chapter further states usually two to six weeks for treatment of insomnia. ODG Pain Chapter states this medication is recommended for 7-10 days treatment of insomnia." Progress report 09/29/14 indicates that the patient has sleep disturbance and the treater is requesting for a 30 day supply of Ambien. ODG recommends this medication for treatment of insomnia, however, not for long-term use. The requested 30 day supply exceeds the 7-10 days recommendation given by ODG. Therefore, the request is not medically necessary.