

Case Number:	CM14-0191955		
Date Assigned:	11/25/2014	Date of Injury:	10/22/2001
Decision Date:	01/13/2015	UR Denial Date:	10/31/2014
Priority:	Standard	Application Received:	11/17/2014

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 Medicine and Rehabilitation, has a subspecialty in Pain Management 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 injured worker is a 66 year old male who suffered an unknown work related injury 10/22/2001. His diagnoses are cervical spine strain/sprain, bilateral cervical impingement syndrome right greater than left and bilateral CD, right greater than left. The physician notes from 08/21/2014 are brief and difficult to read. The physician noted bilateral shoulder tenderness right greater than left, with limited range of motion due to pain. The plan was to continue meds and home exercises. The request is for retrospective approval of Zolpidem Tart and Hydrocodone. This request was denied by the Claims Administrator on 10/31/2014 and was subsequently appealed for Independent Medical Review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Zolpidem Tart 10mg #30 (retro): 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: Pain, Topic: Zolpidem (Ambien)

Decision rationale: The patient presents with pain affecting the neck, hands, back and shoulders. The patient's sleep is interrupted secondarily to orthopedic injuries. The current request is for Zolpidem Tart 10mg #30 (retro). The MTUS and ACOEM Guidelines do not address Ambien; however, ODG Guidelines states that Zolpidem (Ambien) is indicated for short term treatment of insomnia with difficulty of sleep onset 7 to 10 days. In this case the toxicology report dated 6/11/14 indicates the patient was prescribed this medication way beyond the recommended short course of 7 to 10 days indicated in the ODG guidelines. Furthermore, the request is for #30. ODG guidelines do not recommend long term use of this medication. Therefore, the requested medication is not medically necessary.

Remaining Hydrocodone/APAP 7.5-325mg #100: 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 Opioids Page(s): 74-96.

Decision rationale: The patient presents with pain affecting the neck, hands, back and shoulders. The current request is for Remaining Hydrocodone/APAP 7.5-325mg #100. MTUS guidelines pages 88 and 89 states "document pain and have functional improvement and compare to baseline. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Information from family members or other caregivers should be considered in determining the patient's response to treatment. Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS also requires documentation of the four A's (analgesia, ADL's, Adverse effects and Adverse behavior). The UR report dated 10/31/14 states that the request was modified from #120 to #20 to avoid opioid withdrawals. A toxicology report dated 6/11/14 shows patient tested positive for Hydrocodone which was listed as prescribed at the time of the test. There is no mention of the efficacy or improvement in patient's symptoms while on the current medication in any of the treating physician reports provided. The records provided failed to document pain levels with and without medication usage and none of the required 4 A's are addressed. The MTUS guidelines require much more documentation to recommend continued opioid usage. Therefore, the requested medication is not medically necessary.