MAXIMUS Federal Services

Case Number:	CM14-0205524		
Date Assigned:	12/17/2014	Date of Injury:	05/23/2013
Decision Date:	02/12/2015	UR Denial Date:	11/20/2014
Priority:	Standard	Application Received:	12/08/2014

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 elbow and shoulder pain reportedly associated with an industrial injury of May 23, 2013. In a Utilization Review Report dated November 20, 2014, the claims administrator failed to approve requests for Ambien and a urine toxicology screen. The claims administrator stated that these articles have been sought on October 23, 2014. Norco and Prilosec were apparently approved on the same date. The claims administrator referenced a November 3, 2014 RFA form and various other progress notes in March and April 2014 in its determination. In a work status report dated September 16, 2013, the applicant was placed off of work, on total temporary disability. In an applicant questionnaire dated October 8, 2014, the applicant stated that his ability to use his right hand, lift, push, and pull was significantly diminished as a result of the industrial injury. On March 17, 2014, the applicant was given work restrictions. 8/10 elbow pain was appreciated. Naproxen, gabapentin, Prilosec, and cyclobenzaprine were endorsed. On February 3, 2014, the attending provider stated that the applicant's prognosis was guarded. The applicant's complete medication was not detailed on this occasion, as were several other progress notes on file. In a Medical-legal Evaluation dated October 8, 2014, the applicant was described as off of work, on disability. Norco, omeprazole, Ambien, and a urine drug screen were endorsed via an RFA form dated November 3, 2014. In an associated progress note dated October 23, 2014, the applicant reported ongoing complaints of elbow, shoulder, and hand pain. Ambien, Norco, and omeprazole were endorsed, along with a 30- to 60-day interferential unit trial. It was not clearly stated whether the request for Ambien was a first-time request or a renewal request. It was likewise difficult to extrapolate whether Ambien had previously been prescribed, as the attending provider did not clearly outline the applicant's medication list from visit to visit.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ambien 5mg #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 Chapter, Insomnia Treatment

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional Restoration Approach to Chronic Pain Management Page(s): 7-8. Decision based on Non-MTUS Citation Food and Drug Administration (FDA), Ambien Medication Guide.

Decision rationale: 1. No, the request for Ambien, a sleep aid, was not medically necessary, medically appropriate, or indicated here. While the MTUS does not specifically address the topic of Ambien usage, pages 7 and 8 of the MTUS Chronic Pain Medical Treatment Guidelines stipulate that an attending provider using a drug for non-FDA labeled purposes has the responsibility to be well informed regarding usage of the same and should, furthermore, furnish compelling evidence to support such usage. The Food and Drug Administration (FDA) notes, however, that Ambien is indicated in the short-term treatment of insomnia, for up to 35 days. Here, the attending provider did not document the applicant's medication list from visit to visit. The attending provider did not clearly state whether Ambien had been prescribed prior to October 2014 or not. Therefore, the request was not medically necessary.

Urine Toxicology Screen: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug Testing Page(s): 43. Decision based on Non-MTUS Citation ODG Chronic Pain Chapter, Urine Drug Testing topic.

Decision rationale: 2. Similarly, the urine toxicology screen/urine drug screen was likewise not medically necessary, medically appropriate, or indicated here. While page 43 of the MTUS Chronic Pain Medical Treatment Guidelines does support intermittent drug testing in the chronic pain population, the MTUS does not establish specific parameters for or identify a frequency with which to perform drug testing. ODG's Chronic Pain Chapter Urine Drug Testing topic, however, stipulates that an attending provider attach an applicant's complete medication list to the request for authorization for testing, eschew confirmatory and/or quantitative testing outside of the emergency department drug overdose context, clearly state when an applicant was last tested, and clearly state which drug tests or drug panels he intends to test for. Here, however, the attending provider did not clearly state which drug tests and/or drug panels he intended to test for. The attending provider did not attach the applicant's complete medication list to the request for authorization for testing. The attending provider did not clearly signal his intention to

eschew confirmatory and/or quantitative testing. Since several ODG criteria for pursuit of drug testing was not met, the request was not medically necessary.