

Case Number:	CM14-0043907		
Date Assigned:	07/02/2014	Date of Injury:	11/19/2004
Decision Date:	05/22/2015	UR Denial Date:	04/04/2014
Priority:	Standard	Application Received:	04/10/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: Iowa, Illinois, Hawaii

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Public Health & General Preventive Medicine

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 (IW) is a 52 year old female who sustained an industrial injury on 11/19/2004. She reported back pain, and right elbow pain at the lateral aspect. The injured worker was diagnosed as having shoulder joint pain, and cervicalgia. Treatment to date has included medications for pain and medications for gastrointestinal prophylaxis. Currently, the injured worker complains of excessive fatigue, abdominal pain, constipation, muscle weakness, drowsiness, difficulty walking difficulty falling asleep, and difficulty remaining asleep. Requests for authorization were made for Ambien CR 6.25mg #30, and One (1) Comprehensive Metabolic Panel (CMP) labs for liver and kidney function.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ambien CR 6.25mg #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, Pain (Chronic).

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

Decision rationale: The CA MTUS silent regarding this topic. ODG states that zolpidem is a prescription short acting non-benzodiazepine hypnotic, which is approved for short-term treatment of insomnia. There has been no discussion of the patient's sleep hygiene or the need for variance from the guidelines, such as: a) Wake at the same time everyday; (b) Maintain a consistent bedtime; (c) Exercise regularly (not within 2 to 4 hours of bedtime); (d) Perform relaxing activities before bedtime; (e) Keep your bedroom quiet and cool; (f) Do not watch the clock; (g) Avoid caffeine and nicotine for at least six hours before bed; (h) Only drink in moderation; & (i) Avoid napping. Medical documents also do not include results of these first line treatments, if they were used in treatment of the patient's insomnia. ODG additionally states "The specific component of insomnia should be addressed: (a) Sleep onset; (b) Sleep maintenance; (c) Sleep quality; & (d) Next-day functioning." Medical documents provided do not detail these components. Additionally, medical documentations indicate weaning was previously recommended as this medication is not recommended for long-term use. As such, the request for Ambien CR 6.25mg #30 is not medically necessary at this time.

One (1) Comprehensive Metabolic Panel (CMP) labs for liver and kidney function: 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 NSAIDs, specific drug list & adverse effects Page(s): 70. Decision based on Non-MTUS Citation <http://www.uptodate.com/>; CMP.

Decision rationale: MTUS states, "Routine Suggested Monitoring: Package inserts for NSAIDs recommend periodic lab monitoring of a CBC and chemistry profile (including liver and renal function tests). There has been a recommendation to measure liver transaminases within 4 to 8 weeks after starting therapy, but the interval of repeating lab tests after this treatment duration has not been established." According to up-to-date a CMP(complete metabolic panel can used to look at acid base imbalances, electrolyte abnormalities, liver function, kidney function and blood glucose. The treating physician has not provided documentation of subjective or objective complaints that would warrant the requested lab work. Additionally, the medical documentation provided does not indicate any chronic illness that would require the requested testing. As such, the request for One (1) Comprehensive Metabolic Panel (CMP) labs for liver and kidney function is not medically necessary.