

Case Number:	CM15-0004283		
Date Assigned:	02/10/2015	Date of Injury:	06/01/2002
Decision Date:	03/25/2015	UR Denial Date:	12/09/2014
Priority:	Standard	Application Received:	01/08/2015

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: California

Certification(s)/Specialty: Preventive Medicine, Occupational 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:

This 34-year-old male reported a work-related injury on 6/1/2002. The mechanism of injury was not included in the documents reviewed. According to the progress notes from the treating provider dated 12/17/2014, the diagnoses are traumatic brachial plexopathy-right, phantom limb pain-right arm/hand (dominant), chronic pain syndrome, depression/anger, psychologic, PTSD and sleep disorder. He reports right interscaline injection and Cymbalta is helpful, but having increased bad dreams due to increasing pain. Previous treatments include medications, nerve blocks, TENS and surgery. The treating provider requests one prescription for Ambien 10mg, #30, one prescription for Norco 10/325mg, #120 and transportation to medical appointments. The Utilization Review on 12/9/2014 non-certified one prescription for Ambien 10mg, #30, one prescription for Norco 10/325mg, #120 and transportation to medical appointments, citing ACOEM and CA MTUS Chronic Pain Medical Treatment guidelines and ODG recommendations.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 prescription of Ambien 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, Pain (chronic)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines; Pain

Decision rationale: MTUS Guidelines do not address the issue of hypnotic medications. Updated ODG Guidelines support the long term use of specific hypnotic medications, however Ambien is one of the sleep aid medications not recommended for long term use. Other options are presented in Guidelines and there are no exceptional circumstances that would justify an exception to Guidelines. The Ambien 10mg #30 is not supported by Guidelines and is not medically necessary.

1 prescription of Norco 10/325mg #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78-80.

Decision rationale: It is clear that this individual has a very significant problem with pain and should have any appropriate pain relief that can be offered. However, it also is clear that the Norco has not been beneficial. Pain levels have increased and no specific relief is documented to be secondary to Norco use. Under these circumstances, continued use of Norco is not Guideline supported. The Norco 10/325mg. #120 is not medically necessary.

1 transportation to medical appointments: Overturned

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

Decision rationale: MTUS Guidelines do not address this issue. ODG Guidelines address this issue in the knee section and the same principles would apply to other body parts. Transportation is recommended when it is reasonably established that the individual does not have the physical ability to transport themselves. This qualifying condition is well documented in the records. There is a stated inability to drive and the extent of the CRPS syndrome would be expected cause problems with driving. The request for 1 transportation to medical appointments is supported by Guidelines and is medically necessary.