

Case Number:	CM15-0005476		
Date Assigned:	01/16/2015	Date of Injury:	10/22/2007
Decision Date:	04/06/2015	UR Denial Date:	12/12/2014
Priority:	Standard	Application Received:	01/12/2015

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, Arizona
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 47-year-old male who reported an injury on 10/22/2007. The mechanism of injury was not stated. The current diagnoses include shoulder pain, tendinitis, pain in the lower limb, chronic headaches, ankle pain, wrist pain, knee pain, chronic back pain, and psychophysiologic disorder. The injured worker presented on 12/04/2014 for a follow up evaluation. The injured worker reported 8/10 pain without medication. It was noted that the injured worker was status post right shoulder surgery in 10/2009, left shoulder surgery in 06/2009 and right wrist carpal tunnel release in 1998. The current medication regimen includes Norvasc 5 mg, Butrans 5 mcg, Cymbalta 60 mg, Naprosyn 375 mg, Paxil 20 mg, tizanidine 4 mg and Ambien 5 mg. Upon examination, there was an anxious and depressed mood, flat affect, normal gait, and facial grimacing. Ambulatory behaviors included guarding and frequent position changes. Recommendations at that time included continuation of the current medication regimen and a psychology referral. There was no Request for Authorization form submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Zolpidem 5mg, 1 Tab QD #90, Zero Refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chapter: Pain (Chronic)Zolpidem (Ambien).

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

Decision rationale: The Official Disability Guidelines recommend insomnia treatment based on etiology. Ambien is indicated for the short term treatment of insomnia with difficulty of sleep onset for 7 to 10 days. The injured worker has continuously utilized Ambien 5 mg since 11/2014. The injured worker does not maintain a diagnosis of insomnia disorder. Guidelines would not support long term use of this medication. There is no mention of a functional improvement with the ongoing use of this medication. Given the above, the request is not medically appropriate.

Naprosyn 375mg, 1 Tab BID #60, Two Refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-Inflammatory medications.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 67-72.

Decision rationale: California MTUS Guidelines recommend NSAIDS for osteoarthritis at the lowest dose for the shortest period in patients with moderate to severe pain. For acute exacerbations of chronic pain, NSAIDS are recommended as a second line option after acetaminophen. There was no documentation of an acute exacerbation of chronic pain, nor a failure of acetaminophen. Additionally, the California MTUS Guidelines do not recommend long term use of NSAIDS. Therefore, the request for Naprosyn 375 mg with 2 refills would not be supported. Given the above, the request is not medically appropriate.