

Case Number:	CM15-0140517		
Date Assigned:	08/27/2015	Date of Injury:	03/12/2001
Decision Date:	09/29/2015	UR Denial Date:	06/22/2015
Priority:	Standard	Application Received:	07/20/2015

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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular 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 is a 56-year-old female, who sustained an industrial injury on 3-12-01. The injured worker has complaints of neck pain that radiates into the right trapezial region and pain in the anterior right shoulder and wrist and pain, numbness and tingling in the volar right hand. Cervical spine examination revealed cervical paraspinal spasms and tenderness with a mildly positive spurlings sign on the right. The diagnoses have included cervical disc disease and stenosis. Treatment to date has included magnetic resonance imaging (MRI) of the cervical spine reveals multilevel cervical degenerative disc disease worse at C4-C5 and C5-C6 with right greater than left foraminal narrowing; physical therapy; right shoulder partial rotator cuff tear; transcutaneous electrical nerve stimulation unit; norco; ambien and nexium. The request was for ambien (zolpidem tartrate) 5mg #30; nexium 40mg #30 and urine toxicology screening.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ambien (Zolpidem Tartrate) 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.

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

Decision rationale: Ambien (Zolpidem Tartrate) 5mg #30 is not medically necessary per the ODG guidelines. The MTUS Guidelines do not address insomnia or Ambien. The ODG states that Zolpidem is a prescription short-acting nonbenzodiazepine hypnotic, which is recommended for short-term (7-10 days) treatment of insomnia. The ODG states that proper sleep hygiene is critical to the individual with chronic pain and often is hard to obtain. Various medications may provide short-term benefit. While sleeping pills, so-called minor tranquilizers, and anti-anxiety agents are commonly prescribed in chronic pain, pain specialists rarely, if ever, recommend them for long-term use. They can be habit-forming, and they may impair function and memory more than opioid pain relievers. There is also concern that they may increase pain and depression over the long-term. The documentation indicates that the patient has already been on Ambien and the ODG does not recommend this medication long term. The request for Ambien is not medically necessary.

Nexium 40mg #30: 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, GI symptoms & cardiovascular risk Page(s): 68-69.

Decision rationale: Nexium 40mg #30 is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The guidelines state that the patient is at risk for gastrointestinal events if they meet the following criteria (1) age > 65 years; (2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of ASA, corticosteroids, and/or an anticoagulant; or (4) high dose/multiple NSAID (e.g., NSAID + low-dose ASA). The guidelines also state that a proton pump inhibitor can be considered if the patient has NSAID induced dyspepsia. The documentation does not indicate that the patient meets the criteria for a proton pump inhibitor therefore the request for Nexium is not medically necessary.

Urine toxicology screening: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, steps to avoid misuse/addiction Page(s): 94. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic)-Urine drug testing (UDT).

Decision rationale: Urine toxicology screening is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines and the ODG. The MTUS recommends urine drug screens while on opioids to assess for the use or the presence of illegal drugs. The ODG states that urine drug tests can be recommended as a tool to monitor compliance with

prescribed substances, identify use of undisclosed substances, and uncover diversion of prescribed substances while on opioids. The documentation indicates that opioids were indicated as not deemed medically necessary therefore the request for urine toxicology screening is not medically necessary.