

Case Number:	CM15-0028687		
Date Assigned:	02/20/2015	Date of Injury:	08/08/2013
Decision Date:	04/09/2015	UR Denial Date:	02/10/2015
Priority:	Standard	Application Received:	02/17/2015

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: 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 61 year old female, who sustained an industrial injury reported on 8/8/2013. She has reported right shoulder, arm and neck complaints. Diagnoses have included right labral tear; right rotator cuff injury; and right shoulder sprain/strain. Treatments to date have included consultations; diagnostic urine and imaging studies; recommended right carpal tunnel release surgery; electromyogram and nerve conduction studies of the bilateral upper extremities (1/19/15); and medication management. The work status classification for this injured worker (IW) was noted to be permanent and stationary, and not working. On 2/10/2015, Utilization Review (UR) non-certified, for medical necessity, the request, made on 2/3/2015, for Ambien 10mg, #30, at bed time post-operatively; and Zofran 4mg, #30, for nausea post-operatively. The Official Disability Guidelines, sleep disturbances -medical illnesses, Zofran - FDA approved post-operatively, was cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

30 tablets of Ambien 10mg: 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 mental illness and stress chapter, zolpidem (Ambien).

Decision rationale: The patient was injured on 08/08/13 and presents with pain in his right shoulder, right elbow, and right wrist. The request is for 30 TABLETS OF AMBIEN 10 MG for sleep. There is no RFA provided and the "if no modified work is available, employer must keep employee off work unless, and until, such modified work is made available." It appears that this is the initial trial of Ambien. MTUS and ACOEM Guidelines are silent with regards to this request. However, ODG Guidelines, mental illness and stress chapter, zolpidem (Ambien) state, "Zolpidem (Ambien, generic available, Ambien CR) is indicated for short term use of insomnia with difficulty of sleep onset (7 to 10 days). Ambien CR is indicated for treatment of insomnia with difficulty of sleep onset and/or sleep maintenance. Long term studies have found Ambien CR to be effective for up to 24 weeks in adults." In this case, the treater is requesting for 30 tablets of Ambien. However, ODG Guidelines support the use of Ambien for 7 to 10 days with insomnia. The requested 30 tablets exceeds the 7-10 day limit set by ODG Guidelines. Therefore, the requested Ambien IS NOT medically necessary.

30 tablets of Zofran 4mg: 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 Pain (Chronic) chapter, Antiemetics (for opioid nausea).

Decision rationale: The patient was injured on 08/08/13 and presents with pain in his right shoulder, right elbow, and right wrist. The request is for 30 TABLETS OF ZOFRAN 4 MG for nausea. There is no RFA provided and the "if no modified work is available, employer must keep employee off work unless, and until, such modified work is made available." It appears that this is the initial request for Zofran. ODG guidelines have the following regarding antiemetics: "ODG Guidelines, Pain (Chronic) chapter, Antiemetics (for opioid nausea): Not recommended for nausea and vomiting secondary to chronic opioid use. Ondansetron (Zofran): This drug is a serotonin 5-HT₃ receptor antagonist. It is FDA-approved for nausea and vomiting secondary to chemotherapy and radiation treatment. It is also FDA-approved for postoperative use. Acute use is FDA-approved for gastroenteritis." The reason for the request is not provided nor is there any indication of any recent surgeries the patient has had or will have in the near future. The treater has not indicated that the patient is postoperative, undergoing chemotherapy and radiation, or has gastroenteritis, as recommended by ODG Guidelines and the FDA. The request does not meet guideline indications. The requested Ondansetron IS NOT medically necessary.