

Case Number:	CM15-0034505		
Date Assigned:	03/02/2015	Date of Injury:	03/17/2008
Decision Date:	07/27/2015	UR Denial Date:	02/16/2015
Priority:	Standard	Application Received:	02/23/2015

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 53 year old woman sustained an industrial injury on 3/17/2008. The mechanism of injury is not detailed. Evaluations include cervical spine MRI dated 12/20/2013 and left shoulder MRI dated 5/21/2008. Diagnoses include cervical radiculopathy, headaches, anxiety, depression, complex regional pain syndrome of the left upper extremity, and chronic pain. Treatment has included oral medications and home exercise program. Physician notes dated 10/27/2014 show complaints of neck pain with radiation to the bilateral upper extremities, low back pain with radiation to the bilateral lower extremities, left shoulder, forearm and wrist pain, headaches, all joints ache, and bilateral knee pain. The worker states the pain is rated 9.5/10 without medications and 6/10 with medications. Recommendations include continue home exercise program, laboratory testing, cervical spine epidural steroid injection, continue current medications regimen including Buprenorphine, Clonidine, Suboxone, Flexeril, Vitamin D, and follow up in one month.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ambien 10 mg #30 2 refills: Upheld

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, Pain (Chronic), Zolpidem (Ambien).

Decision rationale: The Official Disability Guidelines do not recommend the use of sleeping pills for long-term use. 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 patient has been taking Ambien for longer than the 2-6 week period recommended by the ODG. Ambien 10 mg #30 2 refills is not medically necessary.

Lyrica 100 mg # 30 refills: 2 retro date of service 1/13/14: 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 Anti-epilepsy drugs (AEDs) Page(s): 19-20.

Decision rationale: The MTUS states that Lyrica has FDA approval for painful diabetic neuropathy, postherpetic neuralgia, and fibromyalgia. The patient is not diagnosed with the above indications. In addition, a recent review has indicated that there is insufficient evidence to recommend for or against anti-epileptic drugs for chronic cervical back pain. Lyrica 100 mg # 30 refills: 2 retro date of service 1/13/14 is not medically necessary.