

Case Number:	CM15-0037360		
Date Assigned:	03/05/2015	Date of Injury:	07/11/2003
Decision Date:	04/16/2015	UR Denial Date:	02/18/2015
Priority:	Standard	Application Received:	02/27/2015

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: Family Practice

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 a work related injury on 7/11/03. The diagnoses have included status post cervical spine surgery, bilateral carpal tunnel syndrome and depressive disorder. Treatments to date have included cervical spine surgery x 2 without much benefit and rest. In the progress report dated 2/11/15, the injured worker complains of significant neck pain and constant numbness and tingling to left greater than right arm. She rates her neck pain an 8/10. She has persistent left shoulder pain which she rates an 8-9/10. She describes the pain in these areas as stabbing. She has tenderness to touch and tightness over cervical musculature. She has decreased range of motion in neck. The request is for certification for Ambien, Tylenol #3 and a pain management consult. On 2/18/15, Utilization Review non-certified requests for Ambien 10mg. #30 with 3 refills and pain management consultation. On 2/18/15, Utilization Review modified a request for Tylenol with Codeine #3 #30 with 3 refills to Tylenol with Codeine #3 #30 with no refills.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ambien 10mg #30 with 3 refills: 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), Zolpidem (Ambien).

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

Decision rationale: According to ODG, Zolpidem (Ambien) is a prescription short-acting nonbenzodiazepine hypnotic, which is recommended for short-term (7-10 days) treatment of insomnia. 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. ODG also notes that according to SAMHSA, zolpidem is linked to a sharp increase in ED visits, so it should be used safely for only a short period of time. In this case, the medical records indicate that Ambien has been prescribed for an extended period of time. Long-term use of Ambien is not supported per evidence based guideline. The request for Ambien 10 mg #30 with 3 refills is not medically necessary.

Tylenol with Codeine #3 #30 with 3 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Codeine, Codeine (Tylenol with Codeine; generic available) Page(s): 34, 91.

Decision rationale: As noted by the MTUS guidelines, codeine in combination with acetaminophen is classified as schedule III. Common effects include CNS depression and hypotension. Drowsiness and constipation occur in greater than 10% of cases. Codeine should be used with caution in patients with a history of drug abuse. Tolerance, as well as psychological and physical dependence may occur. Abrupt discontinuation after prolonged use may result in withdrawal. In this case, the medical records indicate that injured worker is followed for chronic pain and has been prescribed this medication for an extended period of time. However, there is no indication of significant improvement in pain or function despite the continued use of this medication. The guidelines specifically state that abrupt discontinuation after prolonged use may result in withdrawal and modification has been rendered by Utilization Review to allow for weaning. The request for Tylenol with Codeine #3 #30 with 3 refills is therefore not medically necessary.

Pain Management Consultation: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Chronic Pain Disorder Medical Treatment Guidelines, State of Colorado Department of Labor and Employment, 4/27/2007, pg. 56.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 92.

Decision rationale: According to ACOEM guidelines, referral may be appropriate if the practitioner is uncomfortable with the line of inquiry outlined above, with treating a particular cause of delayed recovery (such as substance abuse), or has difficulty obtaining information or agreement to a treatment plan. In this case, the injured worker has undergone multiple cervical surgeries without success. She remains with significant neck and shoulder pain despite medication management. As such, at this juncture the request by the treating orthopedic surgeon for a pain management consultation is supported to determine if the injured worker is a candidate for other treatment options. The request for Pain Management Consultation is medically necessary.