

Case Number:	CM15-0058715		
Date Assigned:	04/03/2015	Date of Injury:	05/09/2014
Decision Date:	05/04/2015	UR Denial Date:	02/25/2015
Priority:	Standard	Application Received:	03/27/2015

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: Arizona, 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 59 year old female, who sustained an industrial injury on 5/9/2014. She reported a cumulative trauma. The injured worker was diagnosed as having bilateral shoulder bursitis with acromioclavicular joint pain, bilateral carpal tunnel syndrome, bilateral first carpometacarpal joint pain, and left thumb triggering. Treatment to date has included medications, x-rays, magnetic resonance imaging, electrodiagnostic studies. The request is for Diclofenac XR, and Ambien. On 2/25/2015, the Utilization Review non-certified the Diclofenac XR citing there is no evidence why it was prescribed; and non-certified Ambien citing no evidence to confirm diagnosis of insomnia. On 1/16/2015, she complains of aching neck pain, rated 8/10 on a pain scale; bilateral shoulder pain rated 8/10; bilateral arm pain rated 7/10; bilateral hand pain rated 7/10; and bilateral thumb pain rated, 8/10 on the left and 5/10 on the right. She indicates her symptoms are aggravated by repetitive activities and overhead work. She also complains of poor vision and stomach problems. She indicates Ambien and Diclofenac are helping. She is not currently working as modified duties are unavailable and is not attending any type of therapy. The treatment plan included: recommendation of magnetic resonance imaging of the neck, electrodiagnostic studies, and prescriptions for Diclofenac SR and Ambien. She has been utilizing Diclofenac since at least 7/18/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Diclofenac XR 100mg, #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, specific drug list & adverse effects Page(s): 67-68, 71.

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

Decision rationale: According to the guidelines, NSAIDs are recommended as a second-line treatment after acetaminophen. Acetaminophen may be considered for initial therapy for patients with mild to moderate pain. NSAIDs are recommended as an option for short-term symptomatic relief. In this case, the claimant had been on NSAIDs for over 6 months. There was no indication of Tylenol failure. Long-term NSAID use has renal and GI risks. There was no indication of Tylenol failure. Pain levels remained high at 8/10/ continued use of Diclofenac is not medically necessary.

Ambien 10mg #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 (ODG), Zolpidem (Ambien); Pain, Insomnia treatment.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG pain chapter and insomnia and pg 64.

Decision rationale: The MTUS guidelines do not comment on insomnia. According to the ODG guidelines, insomnia medications recommend that treatment be based on the etiology, with the medications. Pharmacological agents should only be used after careful evaluation of potential causes of sleep disturbance. Failure of sleep disturbance to resolve in a 7 to 10 day period may indicate a psychiatric and/or medical illness. Primary insomnia is generally addressed pharmacologically. Secondary insomnia may be treated with pharmacological and/or psychological measures. Zolpidem (Ambien) is indicated for the short-term treatment of insomnia with difficulty of sleep onset (7-10 days). In this case, the claimant had used the medication for several months. The etiology of sleep disturbance was not defined or further evaluated. Failure of behavioral interventions were noted. Continued use of Ambien is not medically necessary.