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| Case Number: | CM15-0069057 | | |
| Date Assigned: | 04/16/2015 | Date of Injury: | 12/09/2008 |
| Decision Date: | 07/02/2015 | UR Denial Date: | 03/18/2015 |
| Priority: | Standard | Application Received: | 04/10/2015 |

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: New York, Pennsylvania, Washington

Certification(s)/Specialty: Internal Medicine, Geriatric 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 54 year old female who sustained an industrial injury on 12/09/2008. The injured worker was diagnosed with cervical disc disease with radiculitis, chronic pain syndrome, anxiety disorder and neutropenia. The injured worker has a medical history of diabetes mellitus. Treatment to date includes diagnostic testing, surgeries, physical therapy, home exercise program and pharmacological pain management. The injured worker is status post anterior cervical decompression and fusion in May 2012; removal of hardware with redo of anterior cervical discectomy and decompression of spinal cord and neural elements, anterior cervical plating and allograft, posterior cervical fusion C5 through T1 with pedicle screw and lateral mass instrumentation bilaterally in September 2012 and removal of hardware in June 2013. According to the primary treating physician's progress report on March 9, 2015, the injured worker continues to experience neck pain and headaches. Examination of the cervical spine demonstrated very limited range of motion in all planes with increased pain. Her head is flexed about 20 degrees. Tenderness and guarding with minimal pressure along the cervical spine was noted. Current medications are listed as Ambien, Valium, Percocet, OxyContin, Naproxen, Lidoderm Patches, Phenergan, Zofran, Ketorolac, and Hydroxyzine. Treatment plan consists of remaining active in her home exercise program, evaluation for further surgery/ revisions or paddle lead placements, cervical collar, continue with medication regimen and the current request for Ambien and laboratory blood work.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ambien 10, QTY: 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), Non-Benzodiazepine sedative-hypnotics.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation treatment of insomnia and drug information - Zolpidem.

Decision rationale: Zolpidem (Ambien) is used for the short-term treatment of insomnia who have difficulty with sleep onset. Patients with insomnia should receive therapy for any medical or psychiatric illness, substance abuse, or sleep disorder that may cause the problem and be counseled regarding sleep hygiene. After this, cognitive behavioral therapy can be trialed prior to medications. In this injured worker, the sleep pattern, hygiene or level of insomnia is not addressed. There is also no documentation of a discussion of efficacy or side effects. The documentation does not support the medical necessity for Ambien. The request is not medically necessary.

CBC (complete blood count), QTY: 1: 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 uptodate: laboratory evaluation of neutrophil disorders.

Decision rationale: This injured worker has a history of chronic pain since 2008 and has had various treatment modalities including medications such as narcotics and NSAIDs. She has a history of neutropenia but no details are provided. Given no documentation of issues with compliance of medications or dosage and no symptoms of any toxicity or renal or cardiovascular illnesses or symptoms of infection or anemia, CBC monitoring is not medically necessary.

SMA, QTY: 1: 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 uptodate: assessment of renal disorders.

Decision rationale: This injured worker has a history of chronic pain since 2008 and has had various treatment modalities including medications such as narcotics and topical NSAIDs. Given her age and no documentation of issues with compliance of medications or dosage and no symptoms of any toxicity or renal or cardiovascular illnesses or symptoms, SMA lab monitoring is not medically necessary.

HbA1c QTY: 1: 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 Screening for type 2 diabetes mellitus: uptodate.

Decision rationale: This injured worker has a history of chronic pain since 2008 and has had various treatment modalities including medications such as narcotics and NSAIDs. She has a history of diabetes but is not taking any diabetes medications. The records also do not indicate dietary non-compliance. Given no documentation of issues with compliance of medications or dosage and no symptoms of any toxicity or renal or cardiovascular illnesses or symptoms of hyperglycemia, HbA1c monitoring is not medically necessary.

Glucose, QTY: 1: 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 uptodate: Screening for type 2 diabetes mellitus.

Decision rationale: This injured worker has a history of chronic pain since 2008 and has had various treatment modalities including medications such as narcotics and NSAIDs. She has a history of diabetes but is not taking any diabetes medications. The records also do not indicate dietary non-compliance. Given no documentation of issues with compliance of medications or dosage and no symptoms of any toxicity or renal or cardiovascular illnesses or symptoms of hyperglycemia, glucose monitoring is not medically necessary.