

Case Number:	CM15-0088185		
Date Assigned:	05/12/2015	Date of Injury:	05/16/2014
Decision Date:	07/03/2015	UR Denial Date:	04/29/2015
Priority:	Standard	Application Received:	05/07/2015

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, Hawaii

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 28 year old female, who sustained an industrial injury on May 16, 2014. She reported wrist and hand pain. The injured worker was diagnosed as having carpal tunnel syndrome, neck sprain and strain, sprain and strain of the wrist and hand and tenosynovitis of the hand and wrist. Treatment to date has included diagnostic studies, physical therapy, wrist braces, medications and work restrictions. Currently, the injured worker complains of continued wrist and hand pain with associated headaches, loss of sleep and stress. The injured worker reported an industrial injury in 2014, resulting in the above noted pain. She was treated conservatively and surgically without complete resolution of the pain. Evaluation on March 13, 2015, revealed continued pain. Evaluation on April 28, 2015, revealed continued pain as noted. Medications were requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ambien 10 Quantity #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).

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

Decision rationale: The patient presents with insomnia and headache. The current request is for Ambien 10 #30. The treating physician initial consultation report dated 3/13/15 (45b) states, Sonata 10mg qhs prn sleep. Ambien (zolpidem) is not addressed in the MTUS guidelines. The ODG guidelines state that zolpidem is approved for the short-term (usually 2 to 6 weeks) for treatment of insomnia. In this case, the treating physician has prescribed Sonata and the current request is for Ambien. While the patient may require medication for her insomnia, the medical records do not show a request for Ambien. The current request is not medically necessary.

Imitrex 50 MRN #27: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation National Guidelines Clearinghouse.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG online, Head chapter, Imitrex.

Decision rationale: The patient presents with insomnia and headache. The current request is for Imitrex 50 MRN #27. The treating physician states, Imitrex 50mg prn ha. The MTUS guidelines do not address the usage of Imitrex. The ODG guidelines regarding Imitrex state, Recommended for migraine sufferers. At marketed doses, all oral triptans (e.g., sumatriptan, brand name Imitrex) are effective and well tolerated. In this case, the treating physician has not documented that the patient is suffering from migraine headache. The treating physician has failed to provide any documentation to support the request. The current request is not medically necessary.

Flexmid 7.5 Bid #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 63-66.

Decision rationale: The patient presents with insomnia and headache. The current request is for Flexmid 7.5 Bid #60. The treating physician states: Fexmid 7.5mg bid prn muscle spasms. The MTUS guidelines support the usage of Cyclobenzaprine (Fexmid) for a short course of therapy, not longer than 2-3 weeks. In this case, the treating physician has prescribed a 30 day course of treatment which is not supported by MTUS. The current request is not medically necessary.

Vicodin 5/300 Quantity #90: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for initiating opioids Page(s): 76-78.

Decision rationale: The patient presents with insomnia and headache. The current request is for Vicodin 5/300 #90. The treating physician states: Vicodin 5/300mg every eight hours as needed for pain. The MTUS Guidelines page 76 to 78 under criteria for initiating opioids recommend that reasonable alternatives have been tried, considering the patient's likelihood of improvement, likelihood of abuse, etc. MTUS goes on to state that baseline pain and functional assessment should be provided. Once the criteria have been met, a new course of opioids may be tried at this time. The records do not show a history of Vicodin use. The treating physician has documented that a trial of Vicodin is required and the physician notes that the patient was advised of the risks and potential benefits of the medication and side effects were discussed as well. The current request is medically necessary.