

Case Number:	CM14-0127322		
Date Assigned:	08/15/2014	Date of Injury:	09/09/2008
Decision Date:	09/11/2014	UR Denial Date:	07/30/2014
Priority:	Standard	Application Received:	08/11/2014

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. The expert reviewer is Board Certified in ABFP and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 54 year old female patient sustained a work injury on September 9, 2008 involving the bilateral wrists, right shoulder, bilateral knees and low back. she was diagnosed with carpal tunnel syndrome, a right rotator cuff tear, chronic low back pain and chronic knee pain. She underwent a right carpal tunnel release in 2008 and right rotator cuff repair in January 2014. A progress note on July 10, 2014 indicated he had 8/10 pain, which reduced to 4/10 with the use of Norco and Ultracet. She had been on Relafen for muscle spasms 750 mg BID and Ambien 5mg at night for sleep. The treating physician provided a 2 months supply. The patient had been on the Opioids, NSAIDs and Ambien since at least 2012.

IMR ISSUES, DECISIONS AND RATIONALES

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

Relafen 750mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 67-72.

Decision rationale: According to the MTUS guidelines, NSAIDs such as Relafen are recommended at the lowest dose for the shortest period in patients with moderate to severe pain

for hips and knees. It is recommended as a second-line treatment after acetaminophen for chronic back pain. The claimant had been on long term Relafen along with opioids without change in function. There is no indication of failure on Tylenol or Opioid alone. Long-term use can increase the risk of renal and gastrointestinal disease. The continued use of Relafen is not medically necessary.

Ambien 5mg #60: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Integrated Treatment, Disability Duration Guidelines for Mental Illness and Stress - Zolpidem.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Insomnia Medications.

Decision rationale: The MTUS do not comment on insomnia. According to the ODG guidelines, 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. The claimant had been on Ambien for several years. Sleep pathology or etiology was not described. The continued use of Ambien is not medically necessary.