

Case Number:	CM14-0133805		
Date Assigned:	08/27/2014	Date of Injury:	08/05/2011
Decision Date:	09/30/2014	UR Denial Date:	07/25/2014
Priority:	Standard	Application Received:	08/21/2014

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 Family Medicine 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 patient is a 67-year-old male who has submitted a claim for pain joint, right shoulder associated with an industrial injury date of 08/05/2011. Medical records from 03/19/2014 to 07/09/2014 were reviewed and showed that patient complained of right arm stiffness, locking, and weakness. Physical examination revealed decreased right shoulder Rom, good deltoid trophicity, and able to belly press, lift-off. Treatment to date has included six sessions of acupuncture, Ambien (DOS: 05/14/2014), and other pain medications. Of note, the patient claimed that acupuncture and Ambien helped (07/09/2014). Utilization review dated 07/25/2014 denied the request for acupuncture 2 x 6 because there was no documentation of sustained benefit from previous acupuncture sessions. Utilization review dated 07/25/2014 modified the request for Ambien 5mg #90 to Ambien 5mg #20 for the purpose of weaning.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture 2x6 weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: According to the CA MTUS Acupuncture Medical Treatment Guidelines, acupuncture may be used as an option when pain medication is reduced or not tolerated or as an adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery. The guidelines allow the use of acupuncture for a frequency and duration of treatment as follows: time to produce functional improvement 3-6 treatments, frequency of 1-3 times per week, and duration of 1-2 months. Additionally, acupuncture treatments may be extended if functional improvement is documented. In this case, the patient has already completed six visits of acupuncture which allegedly helped the patient (07/09/2014). However, there was no objective documentation of functional improvement to support continuation of acupuncture treatment. Furthermore, there was no discussion of reduction of pain medication or that acupuncture was used as adjunct to physical rehabilitation which are both part of guidelines recommendation. Therefore, the request for Acupuncture 2x6 weeks is not medically necessary.

Ambien 5mg #90: Upheld

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

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

Decision rationale: CA MTUS does not specifically address zolpidem. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, the Official Disability Guidelines (ODG) was used instead. ODG states that zolpidem (Ambien) is a prescription short-acting non-benzodiazepine hypnotic, which is approved for the short-term (usually two to six weeks) treatment of insomnia. While sleeping pills are commonly prescribed in chronic pain, pain specialists rarely, if ever, recommend them for long-term use. They can be habit-forming and they may impair function and memory. There is also concern that they may increase pain and depression over the long term. In this case, the patient was prescribed Ambien (quantity not specified; DOS: 05/14/2014) which helped the patient sleep better. However, the long-term use of Ambien is not in conjunction with guidelines recommendation. There is no discussion as to why variance from the guidelines is needed. Furthermore, UR dated 07/25/2014 modified the request for Ambien for the purpose of weaning. Lastly, the quantity of Ambien requested will exceed the guidelines recommendation of no greater than six weeks use. Therefore, the request for Ambien 5mg #90 is not medically necessary.