

Case Number:	CM14-0162565		
Date Assigned:	10/07/2014	Date of Injury:	12/01/2008
Decision Date:	11/07/2014	UR Denial Date:	09/08/2014
Priority:	Standard	Application Received:	10/03/2014

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 Physical Medicine and Rehabilitation & Pain Management, has a subspecialty in Pain Medicine and is licensed to practice in Oklahoma and Texas. 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 injured worker is a 47-year-old female who reported an injury on 12/01/2008. The mechanism of injury was not provided. On 08/26/2014 the injured worker presented with complaints of neck pain with radiation into the head and tingling into the bilateral hands. Upon examination of the cervical spine, there were muscle spasms to the trapezius bilaterally and decreased range of motion in all fields. There was decreased sensation to light touch in the right C6 distribution. Examination of the lumbar spine revealed a positive right sided straight leg raise and tenderness to palpation to the lumbar paravertebral musculature. There was restricted range of motion, with complaints of discomfort spasm noted. There was decreased sensation to light touch to the right L5-S1 dermatome. Diagnoses were cervical radiculopathy, lumbosacral radiculopathy, and acute flare up of myofascial pain to his back. A current medication list was not provided. The provider recommended Ambien and Seroquel. The provider's rationale was not provided. The Request for Authorization form was not included in the medical documents for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ambien 10 mg, sixty count: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain Chapter

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

Decision rationale: The request for Ambien 10 mg, sixty count is not medically necessary. The Official Disability Guidelines state Ambien is a prescription short acting Non-Benzodiazepine hypnotic which is approved for short term, usually 2 to 6 week, treatment of insomnia. Proper sleep hygiene is critical to the individual with chronic pain, and often hard to obtain. Various medications may provide short term benefit. Pain specialists very rarely recommend sleeping pills or so called minor tranquilizers for long term use. They can be habit forming and may impair function and memory more than opioid pain relievers. There is also concern that they may increase pain and depression over the long term. The efficacy of the prior use of the medication was not provided. Additionally, the provider's request for Ambien 10 mg with a quantity of 60 exceeds the guidelines' recommendation of short term treatment. As such, medical necessity has not been established.

Seroquel 25 gm, sixty count: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain Chapter

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 398-404..

Decision rationale: The California MTUS/ACOEM Guidelines state that continuing an established course of antipsychotics is important, but they can decrease motivation and effectiveness at work. If a referral is made, it is still important to plan how the patient using these drugs will manage their work or return to work even after being referred for a specific psychiatric treatment. It is not recommended as a first line treatment. There is a lack of documentation of treatment history and length of time the injured worker has been prescribed Seroquel. Additionally, the efficacy of the prior use of the medication has not been provided. The provider's request does not indicate the frequency of the medication in the request as submitted. As such, medical necessity has not been established.