

Case Number:	CM14-0108900		
Date Assigned:	09/16/2014	Date of Injury:	01/19/1998
Decision Date:	06/26/2015	UR Denial Date:	06/20/2014
Priority:	Standard	Application Received:	07/14/2014

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. 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: Arizona, California
 Certification(s)/Specialty: Family Practice

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 with a date of injury of 1/19/98. Initial complaints include right hand numbness, grip weakness, daily wrist pain radiating into the forearm. Diagnoses include cervical myelopathy, disc herniation at C4-C5, spinal cord compression at C5-C6 and C4-C5, cervical stenosis, dysphagia and gastroesophageal reflux. Treatments to date include acupuncture and chiropractic treatments, medications, surgical intervention (C4-C7 cervical fusion and C4-C6 discectomy), and referral to an ear, nose and throat specialist. A hand written progress note from the treating physician dated 6/16/14 (which is difficult to decipher) indicates subjective complaints of pressure in the throat and the return of swelling. The injured worker has stopped taking Cymbalta for 2 months with some withdrawal symptoms, but states she is ok. Objective findings include puffy legs, tenderness on palpation and gagging when turning the head to the right, but no vomit. Diagnoses include cervical pain and fusion, dysphagia, history of anxiety, small airway, and peripheral edema. The treating physician's plan of care includes requests for Ambien, Senokot, Lasix, KCL, and Tylenol.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Prescription of Ambien 12.5mg #30 with 1 refill: Upheld

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

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, page 64.

Decision rationale: The MTUS guidelines do not comment on insomnia. According to the ODG guidelines, insomnia medications 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. Secondary insomnia may be treated with pharmacological and/or psychological measures. Zolpidem is indicated for the short-term treatment of insomnia with difficulty of sleep onset (7-10 days). In this case, the claimant had used the medication for several months. The etiology of sleep disturbance was not defined or further evaluated. Failure of behavioral interventions were not provided. Continued use of Zolpidem is not medically necessary.

1 Unknown Prescription of Tylenol: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tylenol Page(s): 11-12.

Decision rationale: According to the guidelines, Tylenol is indicated for osteoarthritis and chronic back pain. It is recommended on a case by case basis. In this case, the claimant had been on NSAIDS and subsequently opioids. The indication for the use of Tylenol and its overlap was not substantiated. Pain scores were not routinely documented. Continued use of Tylenol without details of request/dosage is not medically necessary.