

Case Number:	CM15-0017468		
Date Assigned:	02/12/2015	Date of Injury:	08/12/2011
Decision Date:	03/26/2015	UR Denial Date:	01/26/2015
Priority:	Standard	Application Received:	01/29/2015

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

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 50 year old female who sustained an industrial injury as a cashier on August 12, 2011. There was no mechanism of injury documented. The injured worker was diagnosed with adhesive capsulitis of the shoulder, displacement lumbar intervertebral disc without myelopathy, spinal stenosis lumbar region without neurogenic claudication, right carpal tunnel syndrome and multilevel cervical degenerative disc disease with right upper extremity radicular pain. The injured worker underwent transforaminal epidural steroid injection (ESI) of bilateral L3-L4 and L4-L5 on November 5, 2014 with some improvement noted. A right subacromial decompression, Mumford procedure, rotator cuff repair and SLAP lesion repair was performed on June 23, 2014. There were no documented invasive cervical or lumbar surgical interventions noted. According to the primary treating physician's progress report on December 16, 2014 the injured worker presents with an antalgic gait and continues to experience radicular pain down the anterior thighs, worse on the right side. Current medications consist of Hydrocodone, Zolpidem, Zofran and Tizanidine. Recent treatment modalities consist of acupuncture therapy, chiropractic therapy, and bilateral lumbar epidural steroid injection (ESI). The treating physician requested authorization for Zolpidem 10mg, #45 with 0 refills; Zofran 8mg, #30 with 0 refills. On January 26, 2015 the Utilization Review denied certification for Zolpidem 10mg, #45 with 0 refills; Zofran 8mg, #30 with 0 refills. Citations used in the decision process were the Medical Treatment Utilization Schedule (MTUS), Chronic Pain Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Zolpidem 10mg, #45 with 0 refills: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: MTUS Guidelines do not address the issue of hypnotic medications. ODG Guidelines address this issue at length and the updated Guidelines do support some long term sleep medications, but Zolpidem is not one of them. The Guidelines recommend short term (4weeks or less) of regular use of Zolpidem. There are no unusual circumstances to justify an exception to Guidelines. The Zolpidem 10mg. #45 is not medically necessary.

Zofran 8mg, #30 with 0 refills: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: MTUS Guidelines do not address this issue. ODG Guidelines address this issue and do not recommend the routine use of anti-emetics for opioid induced nausea. The ODG Guidelines also specifically address Zofran and not that its use is limited to the immediate post operative state, nausea associated with chemotherapy and severe acute gastroenteritis. None of these qualifying conditions exist with this individual. The Zofran 8mg. #30 is not supported by Guidelines and is not medically necessary.