

Case Number:	CM15-0116852		
Date Assigned:	06/25/2015	Date of Injury:	02/05/2002
Decision Date:	08/28/2015	UR Denial Date:	06/05/2015
Priority:	Standard	Application Received:	06/17/2015

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: New York
 Certification(s)/Specialty: Emergency 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 71 year old female who sustained an industrial injury on 02/05/2002 resulting in pain/injury to the bilateral upper extremities. Treatment provided to date has included: cervical fusion; physical therapy (unknown # of sessions); acupuncture (6 sessions); cortisone injection to the right shoulder (2015); medications (Lunesta, ibuprofen, Omeprazole and Ambien); and conservative therapies/care. Diagnostic testing was not provided or mentioned. There were no noted comorbidities or other dates of injury noted. On 04/13/2015, physician progress report noted complaints of continued bilateral wrist pain. There was no pain rating mentioned, but the injured worker described increasing pain at night in the left wrist with numbness and tingling on the fingertips and slight numbness and tingling on the right. Additional complaints included left elbow pain with limited flexion and extension, bilateral shoulder pain with limited range of motion (ROM), and popping and increase on the right with ROM. Current medications include ibuprofen and Ambien (Zolpidem). The physical exam revealed positive Finkelstein's testing. The provider noted diagnoses of overuse syndrome of the bilateral upper extremities, carpal tunnel syndrome bilaterally, bilateral lateral epicondylitis of the elbows, bilateral shoulder tendinitis, bilateral cubital tunnel syndrome of the elbows, bilateral de Quervain's tendinitis of the wrist, status post cervical discectomy and fusion graft from ilium, and bilateral tendinitis of the wrist. Plan of care includes continued medications (Zolpidem and ibuprofen), 8 physical therapy sessions, and follow-up in 10-12 weeks. The injured worker's work status remained permanently stationary and not working. The previous exam (dated 02/02/2015) showed that the injured worker is taking Zolpidem nightly for better rest due to

hand pain, as well as Motrin (ibuprofen and Omeprazole for inflammation and stomach pain. A progress note (dated 12/01/2014) reported that the injured worker was taking Lunesta every night, which helped her sleep through the night with no pain or discomfort. And a utilization review letter (dated 04/29/2014) was reviewed, and noted approval of ibuprofen, Omeprazole and Zolpidem. The IW remained permanent and stationary. The request for authorization and IMR (independent medical review) includes: Ibuprofen 800mg on 3 times a day with 5 refills, and Zolpidem (Ambien) 10mg 1 at bedtime with 4 refills.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ibuprofen 800mg #90, one 3 times a day (5) refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 67-73.

Decision rationale: CA MTUS Definition identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. The MTUS recommends NSAIDs as the first line of treatment to reduce pain so the activity and functional restoration can resume or improve, but is not recommended as a long-term treatment option. Ibuprofen (specifically) is recommended in doses of 1200-3200mg per day; however, it is reported that individual patients may not show a better response to 3200mg as to the 2400mg daily, and significant clinical improvement should be observed to offset the potential risk of treatment with the increased dose. Upon review of the medical documentation submitted, it has noted that the injured worker has been taking ibuprofen (2400mg daily) for more than 6 months with insufficient evidence of functional improvement, decreased pain or increased activity levels. It is also noted that the injured worker has reported gastrointestinal discomfort, which is a side effect of NSAID use (especially long-term use). Moreover, the injured worker was to return for follow-up in 10 to 12 weeks for re-evaluation, at which time the need for continued ibuprofen can be assessed. Based on these findings, it is determined that ibuprofen 800mg 3 times daily with 5 refills is not medically necessary.

Zolpidem 10mg #30, 1 bedtime (4) refills: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Zolpidem.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental/Stress Chapter, Insomnia and Treatment; and Pain Chapter, Insomnia and Treatment.

Decision rationale: The CA MTUS is silent in regards to the use of Ambien (Zolpidem); therefore, alternative guidelines were consulted in the review and decision of this medication. The ODG states that insomnia is defined as difficulty in sleep initiation or maintenance, and or early awakening. Recommended treatment for insomnia should be based on the etiology of the sleep disturbance. "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. The specific component of insomnia should be addressed: (a) Sleep onset; (b) Sleep maintenance; (c) Sleep quality; & (d) Next-day functioning. Zolpidem is a prescription short-acting non-benzodiazepine hypnotic, which is recommended for short-term (7-10 days) treatment of insomnia." It is also recommended that cognitive behavioral therapy (CBT) be part of the insomnia treatment plan. "Zolpidem is a prescription short-acting non-benzodiazepine hypnotic, which is recommended for short-term (7-10 days) treatment of insomnia." After review of the medical documentation, it appears that the injured worker has been taking Zolpidem recurrently since at least 04/29/2014, with other reports since this time, showing that she has been taking Lunesta as well. Although the injured worker reported that Zolpidem and Lunesta helped her sleep through the night without pain, there were no specific complaints of difficulty with, or inability, to sleep and no diagnoses of insomnia. There is also the absence of other recommended treatment options that have been proven to be more effective in the long-term. The clinical notes reflect that the injured worker has a long-term use history with Zolpidem, which is not recommended. Considering the absence of specific complaints and diagnoses of insomnia, the absence of other recommended treatment options, as well as the non-recommendation of the long-term use of Zolpidem (Ambien), it has been determined that Zolpidem is not medically necessary.