

Case Number:	CM15-0119437		
Date Assigned:	07/06/2015	Date of Injury:	11/09/2011
Decision Date:	08/10/2015	UR Denial Date:	05/27/2015
Priority:	Standard	Application Received:	06/19/2015

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: Physical Medicine & Rehabilitation, Pain Management

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 male, who sustained an industrial injury on 11/9/11. He reported pain in his neck and back after being in a motor vehicle accident. The injured worker was diagnosed as having cervical radiculopathy, cervical degenerative joint disease and muscle spasms. Treatment to date has included a cervical epidural injection x 2 in 2014, an EMG/NCS on 4/15/14 showing chronic C7 radiculopathy, a cervical MRI and a cervical facet nerve block on 2/13/15. As of the PR2 dated 1/6/15, the injured worker reports increased pain since last visit. He rates his pain a 5/10 with medications and a 9/10 without medications. He is having headaches due to neck pain and uses Ibuprofen 200mg x 6 daily. Objective findings include cervical extension is 15 degrees, right lateral bending is 10 degrees and left lateral bending is 15 degrees. The injured worker has normal flexion. On 3/13/15, the treating physician recommended a cervical fusion. There is no documentation of the injured worker's sleep quality or sleep disturbances. The treating physician requested Zolpidem 5mg #30 and Ibuprofen 600mg #60 ordered on 5/18/15.

IMR ISSUES, DECISIONS AND RATIONALES

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

Zolpidem tab 5mg Day Supply: 30 Qty: 30 Refills: 0 Rx date 5/18/2015: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (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) Chronic Pain, Sleep Medication, Insomnia treatment.

Decision rationale: Regarding the request for zolpidem (Ambien), California MTUS guidelines are silent regarding the use of sedative hypnotic agents. ODG recommends the short-term use (usually two to six weeks) of pharmacological agents only after careful evaluation of potential causes of sleep disturbance. They go on to state the failure of sleep disturbances to resolve in 7 to 10 days, may indicate a psychiatric or medical illness. Within the documentation available for review, there is no current description of the patient's insomnia, no discussion regarding what behavioral treatments have been attempted, and no statement indicating how the patient has responded to Ambien treatment. Furthermore, there is no indication that Ambien is being used for short term use as recommended by guidelines. In the absence of such documentation, the currently requested zolpidem (Ambien) is not medically necessary.

Ibuprofen tab 600mg Day Supply: 30 Qty: 60 Refills: 0 Rx date 5/18/2015: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 67-72 of 127.

Decision rationale: Regarding the request for ibuprofen, Chronic Pain Medical Treatment Guidelines state that NSAIDs are recommended at the lowest dose for the shortest period in patients with moderate to severe pain. Within the documentation available for review, it appears that the patient has a history of gastric ulcer and there is no current documentation from the provider noting that ibuprofen is providing any specific analgesic benefits and objective functional improvement. In the absence of such documentation, the currently requested ibuprofen is not medically necessary.