MAXIMUS Federal Services

Case Number:	CM15-0071283		
Date Assigned:	04/21/2015	Date of Injury:	07/27/2008
Decision Date:	05/19/2015	UR Denial Date:	03/05/2015
Priority:	Standard	Application Received:	04/14/2015

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: Maryland
Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular 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 52 year old male, who sustained an industrial injury from July 28, 2007 through July 28, 2008. He reported neck pain. The injured worker was diagnosed as having cervical disc syndrome and cervical musculoligamentous injury, cervical sprain/strain, right shoulder internal derangement, rotator cuff syndrome and headaches. Treatment to date has included diagnostic studies, conservative care, medications and work restrictions. Per documentation, a 2/12/13 AME stated that there was no need for physical therapy, chiropractic care, acupuncture or pain management. Per documentation, a 12/22/14 urine drug screen was negative for all other tested medication and positive for hydrocodone. There were no listed prescribed medications. Currently, the injured worker complains of neck pain with associated headaches, nausea, stress and difficulty sleeping. The injured worker reported an industrial injury in 2007, resulting in the above noted pain. He was treated conservatively and surgically without complete resolution of the pain. Evaluation on February 10, 2015, revealed continued pain as noted. Acupuncture therapy and medications were requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

Zolpidem 5MG #30: Upheld

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

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

Decision rationale: Zolpidem 5 mg #30 is not medically necessary per the ODG guidelines. The MTUS Guidelines do not address insomnia or Ambien. The ODG states that Zolpidem is a prescription short-acting nonbenzodiazepine hypnotic, which is recommended for short-term (7-10 days) treatment of insomnia. The ODG states that proper sleep hygiene is critical to the individual with chronic pain and often is hard to obtain. Various medications may provide short-term benefit. While sleeping pills, so-called minor tranquilizers, and anti-anxiety agents are commonly prescribed in chronic pain, pain specialists rarely, if ever, recommend them for long-term use. They can be habit-forming, and they 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 documentation indicates that the patient has been on Zolpidem significantly longer than the 7-10 day recommended short term treatment. The ODG does not recommend this medication long term. The request for Zolpidem 5mg is not medically necessary.

Hydrocodone/APAP TAB 10-325MG #60 MED #20: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Ongoing management Page(s): 78-80.

Decision rationale: Hydrocodone/APAP tab 10-325mg #60 MED #20 is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The MTUS Chronic Pain Medical Treatment Guidelines state that a pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. The MTUS does not support ongoing opioid use without improvement in function or pain. The documentation submitted does not reveal the above pain assessment. The documentation reveals that the patient has been on long term opioids without significant functional improvement or significant pain relief therefore the request for continued hydrocodone is not medically necessary.

Acupuncture 2 Times A Week Times 6 Weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: Acupuncture 2 times a week times 6 weeks is not medically necessary per the MTUS Acupuncture Medical Treatment Guidelines. The MTUS Acupuncture Medical Treatment Guidelines recommend that the time to produce functional improvements is 3-6 treatments and acupuncture treatments may be extended if functional improvement is documented. The request as written would exceed the recommended number of visits of acupuncture. Additionally, the documentation is not clear on how much prior acupuncture this patient has had and the efficacy from this prior acupuncture. Furthermore, the request does not specify a body part for acupuncture. The request for acupuncture is not medically necessary.