

Case Number:	CM15-0072075		
Date Assigned:	04/22/2015	Date of Injury:	06/26/2014
Decision Date:	05/27/2015	UR Denial Date:	04/14/2015
Priority:	Standard	Application Received:	04/15/2015

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: Pennsylvania, Ohio, California
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 48-year-old female injured worker suffered an industrial injury on 06/26/2014. The diagnoses included cervical spine disc bulge, left and right shoulder impingement syndrome with rotator cuff injury, bilateral carpal tunnel syndrome and headaches. The injured worker had been treated with medications. On 2/12/2015, the treating provider reported neck and bilateral shoulder pain with spasms radiating across the shoulders along with headaches. The pain travels down the arms and down to the right hand. The treatment plan included Ambien, Fioricet, and Celebrex.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective usage of Ambien 5mg #60 (DOS 3-11-15): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines - Treatment for Workers' Compensation (ODG-TWC) Pain Procedure Summary last updated 03/23/2015.

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

Decision rationale: MTUS does not discuss this medication. Official Disability Guidelines/ Treatment in Workers's Compensation/Pain/ Insomnia Treatment does discuss Ambien/ Zolpidem. This guideline notes that Zolpidem/Ambien is indicated for short-term use, generally up to 10 days. Treatment guidelines do not recommend this medication for ongoing or chronic use; the records in this case do not provide a rationale for an exception to this guideline. This request is not medically necessary.

Retrospective usage of Fioricet 50/325 40mg #50 (DOS 3-11-15): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation ODG-TWC Pain Procedure Summary Online Version last updated 04/06/2015.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Barbiturate-containing analgesic agents Page(s): 23.

Decision rationale: MTUS states that barbiturate-containing analgesic agents are not recommended for chronic pain. There is a high potential for drug dependence with this class of medications and no evidence to show a clinically significant benefit from the barbiturate component of this medication. The records do not provide a rationale for an exception to this guideline. This request is not medically necessary.

Retrospective usage of Celebrex 200mg #60 (DOS 3-11-15): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-Inflammatories Page(s): 22.

Decision rationale: MTUS recommends NSAIDs as a first-line drug class for chronic musculoskeletal pain. This guideline recommends a Cox-2 inhibitor (such as Celebrex) over a traditional NSAID if there is a particular risk of GI complications but not for the majority of patients. The records in this case do not provide a rationale for such a Cox-2 inhibitor; this request is not medically necessary.