MAXIMUS Federal Services

Case Number:	CM13-0019263		
Date Assigned:	06/27/2014	Date of Injury:	12/03/1997
Decision Date:	12/26/2014	UR Denial Date:	07/26/2013
Priority:	Standard	Application Received:	09/03/2013

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. The expert reviewer is Board Certified in Family Practice and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 patient is a 52-year-old female who sustained an industrial injury on December 3, 1997. She is status post cervical fusion in 1999 and status post left knee surgery in July 2011. She is diagnosed with thoracic spondylosis, lumbar radiculopathy, cervical spondylosis, lumbar spondylosis, lumbar degenerative disc disease, and myofascial pain syndrome.The patient was seen on July 12, 2013 at which time she complained of neck and low back pain increasing since the last visit. She continues to complain of right shoulder pain. She has had successful surgery with [redacted] and reports that she believes something is different now. She is reporting pain levels rated 8/10. Her current medications consists of Percocet 7.5/500 mg TID and Ambien 12.5 control released tablets one tablet PO nightly PRN for insomnia. Examination revealed right shoulder tenderness, and decreased abduction, flexion, an extension of the shoulder. Treatment plan included right shoulder MRI secondary to change in both the severity and character of the right shoulder pain and referral to orthopedic for surgical evaluation for the right shoulder.Utilization review was performed on July 26, 2013 for cervical RFA, lumbar RFA, postop PT, right shoulder MRI, ortho referral for surgical evaluation, and retrospective review for Percocet, Ambien, and emergency room visit. The request for right shoulder MRI, post office therapy, referral for surgical evaluation, and Ambien was denied.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective request for Ambien: 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) Ambien for chronic pain

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain, Ambien

Decision rationale: The request for Ambien is not medically necessary. The medical records indicate that the patient has been prescribed Ambien for an extended period of time, and according to ODG, Ambien (Zolpidem) is a prescription short-acting non-Benzodiazepine hypnotic, which is recommended for short-term (7-10 days) treatment of insomnia. Furthermore, the patient is being prescribed Ambien 12.5 mg CR, and per references Ambien CR causes a greater frequency of dizziness, drowsiness, and headache compared to immediate release Zolpidem. Due to adverse effects, FDA now requires lower doses for Zolpidem. The dose of Zolpidem for women should be lowered from 12.5 mg to 6.25 mg for ER products (Ambien CR). References further state that "The ER product is still more risky than IR. In laboratory studies, 15% of women and 3% of men who took a 10-milligram dose of Ambien had potentially dangerous concentrations of the drug in their blood eight hours later. Among those who took Ambien CR, the problem was more common: 33% of women and 25% of men had blood concentrations that would raise the risk of a motor vehicle accident eight hours later. Even at the lower dose of Ambien CR now recommended by the FDA, 15% of women and 5% of men still had high levels of the drug in their system in the morning. (FDA, 2013) According to SAMHSA, Zolpidem is linked to a sharp increase in ED visits, so it should be used safely for only a short period of time." Given the cited guidelines and concerns in regards to Ambien, this medication is opined to be not medically necessary.

MRI of the right shoulder: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 195-220,Chronic Pain Treatment Guidelines.

Decision rationale: The patient has presented complaining of right shoulder pain. There is indication that the patient has undergone prior right shoulder surgical intervention. A request has been submitted for right shoulder MRI and an orthopedic evaluation for the shoulder. The request for right shoulder orthopedic evaluation is deemed medically necessary. Therefore, it would be reasonable to wait to orthopedic surgeon's evaluation and recommendation prior to determining if postoperative right shoulder MRI would be indicated.

Post OP Physical Therapy (unspecified): Upheld

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

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

Decision rationale: As noted in the prior peer reviewed there is no indication for which body parts postoperative physical therapy is requested for. As such, the request for post office therapy is not medically necessary.

Ortho referral for surgical evaluation: Overturned

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 American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004), Chapter 7, page 127

Decision rationale: The medical records indicate that the patient has undergone prior surgical intervention for the right shoulder. She has presented complaining of continued right shoulder pain and examination has revealed limited range of motion. As such, an orthopedic evaluation would be supported to address the patient's continued right shoulder complaints.