

Case Number:	CM13-0024000		
Date Assigned:	11/20/2013	Date of Injury:	05/10/2011
Decision Date:	01/08/2014	UR Denial Date:	09/03/2013
Priority:	Standard	Application Received:	09/13/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine and Rehabilitation 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 physician 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 59 year-old male with a date of injury on 5/10/11. According to [REDACTED] 3/20/13 QME report the patient's diagnoses include: cervical sprain/strain, secondary to right shoulder injury; degenerative joint disease (DJD) right shoulder; chondromalacia; impingement syndrome; partial tear, rotator cuff; status post multiple surgical procedures, including labral debridement, resection of AC joint, and pick arthroplasty of the glenohumeral joint. The progress report dated 4/8/13 by [REDACTED] noted that the patient was in need of a total shoulder replacement.

IMR ISSUES, DECISIONS AND RATIONALES

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

Zolpidem 10mg, #30: Upheld

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

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 Chapter, Zolpidem..

Decision rationale: The medical records indicate that the patient has struggled with shoulder pain and has undergone multiple surgeries for the right shoulder. The MTUS does not discuss

recommendations for Zolpidem. Therefore, I reviewed the ODG guidelines regarding Zolpidem which supports short term use for treatment of insomnia. None of the reports reviewed showed evidence of the patient Final Determination Letter for IMR Case Number CM13-0024000 3 using the requested medication or complaining of insomnia. Therefore, medical necessity cannot be established. Recommendation is for denial.

Hydrocodone ACET 10/325mg, #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 80-81.

Decision rationale: The medical records indicate that the patient has struggled with shoulder pain and has undergone multiple surgeries for the right shoulder. The MTUS guidelines, pages 80, 81 recommends a trial of opioid therapy for osteoarthritis pain after there has been evidence of failure of first-line medication options such as acetaminophen or NSAIDs when there is evidence of moderate to severe pain. The guidelines require documentation of pain reduction, improved function and quality of life. Under outcome measures, the guidelines recommend documentation of current pain; average pain; best pain; time it takes for medication to work; duration of pain relief with medications, etc. None of the reports reviewed contain this information. One cannot determine from the reports provided why Norco (hydrocodone) is being requested and whether or not it has made any difference in the patient's pain and function. Therefore, medical necessity cannot be established. Recommendation is for denial.