MAXIMUS Federal Services

Case Number:	CM13-0027659		
Date Assigned:	11/22/2013	Date of Injury:	02/22/2010
Decision Date:	02/10/2014	UR Denial Date:	09/10/2013
Priority:	Standard	Application Received:	09/23/2013

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 Family Practice and is licensed to practice in Texas. 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 51-year-old female who reported a work-related injury on 02/22/2010 as the result of cumulative trauma to the bilateral upper extremities. Subsequently, the patient underwent a right shoulder surgery on 11/16/2011, consisting of a subacromial decompression and Mumford procedure, and a left shoulder surgery on 05/16/2012, consisting of a subacromial decompression and Mumford procedure. The most recent clinical note submitted for review is dated 04/18/2013, indicating a Primary Treating Physician's Comprehensive Initial Pain Management Evaluation of the patient under the care of [redacted]. The provider documented the patient's course of treatment since status post her work-related injury. The provider documented that the patient was currently utilizing hydrocodone 5 mg 1 by mouth at bedtime. The provider documented that bilateral shoulder range of motion was at 170 degrees / 60 / trochanter to the right and 160 / 60 / sacrum to the left. The provider documented a recommendation for the patient to utilize Lidoderm patches and topical ointments containing ketamine, Neurontin and ketoprofen as the patient presented with symptomatology of CRPS.

IMR ISSUES, DECISIONS AND RATIONALES

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

1. Zolpidem 10 mg. tablet everyday PO # 30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Medical Treatment Utilization Schedule

(MTUS) Citation Index Prevention (ACOEM Practice Guidelines, 2nd Edition (2009), Chapter 2) Chronic Pain Medical Treatment pg. 91.

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

Decision rationale: The current request is not supported. The most recent clinical documentation submitted for review with a physical exam of the patient and the patient's medication regimen failed to evidence any mention of the patient's use of Ambien or the efficacy of treatment for the patient's sleep pattern complaints. The California MTUS/ACOEM does not specifically address the request; however, the Official Disability Guidelines indicate that Ambien is utilized for the short-term treatment of insomnia, usually 2 to 6 weeks. Given the lack of recent clinical documentation submitted for review evidencing the patient's reports of efficacy with her medication regimen, the request for zolpidem 10 mg tablet everyday by mouth #30 with 0 refills is neither medically necessary nor appropriate.

Hydrocodone 5 mg. Acetaminophen 325 mg. Tablet 1 Tab everyday PO # 90: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Medical Treatment Utilization Schedule (MTUS) Citation Index Prevention (ACOEM Practice Guidelines, 2nd Edition (2009), Chapter 2) Chronic Pain Medical Treatment pg. 91.

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

Decision rationale: The current request is not supported. The last clinical note submitted for review documented that the patient was utilizing Lortab and Vicodin 5/325 by mouth at bedtime. The clinical note dated from 04/2013 was the most recent clinical note submitted for review. It is unclear as to the patient's reports of efficacy with her current medication regimen as the clinical notes did not indicate a decrease in rate of pain on the VAS or an increase in objective functionality as a result of utilizing this medication. The California MTUS indicates, "4 domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or nonadherent) drug related behaviors. These domains have been summarized as the '4 Aâ¿²s' (analgesia, activities of daily living, adverse side effects, and any aberrant drug-taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs." Given all of the above, the request for hydrocodone 5 mg acetaminophen 325 mg tablet 1 tab everyday by mouth #90 with 0 refills is neither medically necessary nor appropriate.