

Case Number:	CM13-0040129		
Date Assigned:	12/20/2013	Date of Injury:	01/17/2012
Decision Date:	11/18/2014	UR Denial Date:	09/23/2013
Priority:	Standard	Application Received:	10/28/2013

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 Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine 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 50 year old male with an injury date of 01/17/12. The 06/21/13 report by [REDACTED]. [REDACTED] states that the patient presents with neck pain radiating to the head and upper back. Aching pain and pins and needles sensation is experienced in the neck, upper back, shoulder, arms and hands. There is also numbness in the shoulder, upper arms, forearms, elbows, wrists, and hands. Pain is rated 8/10. The patient is stated to be temporarily totally disabled for 6 weeks on 09/06/13. Examination shows tenderness to the left and right paravertebral muscles and trapezius. There is decreased sensation to light touch in the left hand and arm. Examination of the shoulders shows positive Hawkins and Neer tests left and right. The patient's diagnoses include: Cervical disc herniation C5-C6 with moderate to severe neuroforaminal stenosis Sleep disturbance (08/09/13 progress report by [REDACTED]) The 07/18/13 operative report for arthroscopic procedure right shoulder was included in the reports provided. As of 09/06/13 medications are listed as Norco and Ambien. The utilization review being challenged is dated 09/23/13. Reports were provided from 02/01/13 to 08/05/13. Most progress reports are handwritten and partly illegible.

IMR ISSUES, DECISIONS AND RATIONALES

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

Zolpidem Tartrate 5mg #30: Upheld

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 Official Disability Guidelines (ODG) Mental Illness & Stress chapter, Insomnia treatment.

Decision rationale: The patient presents with neck pain radiating to the head and upper back with aching and pins and needles sensation in the neck, upper back shoulder, arms and hands with numbness in the shoulder, upper arms, forearms, elbows, wrists and hands. The treater requests for: Zolpidem Tartrate 5 mg. MTUS and ACOEM Guidelines do not address Ambien; however, ODG Guidelines state that Ambien) is indicated for short-term treatment of insomnia with difficulty of sleep onset 7 to 10 days. The 08/09/13 report by [REDACTED] provides a diagnosis of sleep disturbance for the patient. Epworth sleep scales are provided. On 05/10/13 the score is 12--borderline and on 08/09/13 the score is 17--a score above 12 is considered abnormal. The 04/24/13 and 08/09/13 reports show the patient is taking Toprophan, a medication intended to aid sleep, and the 08/09/13 report states that medications do not help sleep. The reports provided do not show use of this medication prior to 09/06/13, however, the reports do not state when the patient began using this medication. . No request for authorization is provided. The urine toxicology report dated 09/06/13 states that for Zolpidem, "None detected" and that the medication is not prescribed and the result is "consistent". The treater does not discuss this medication in the reports provided and does not state that use is intended to be short term. In this case, there is no documentation showing the intended use of the medication, and that use is limited to the 7-10 days recommended by ODG. Therefore, this request is not medically necessary.

Hydrocodone APAP 10-325 #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of opioids Page(s): 88, 89, 78.

Decision rationale: The patient presents with neck pain radiating to the head and upper back with aching and pins and needles sensation in the neck, upper back shoulder, arms and hands with numbness in the shoulder, upper arms, forearms, elbows, wrists and hands. The treater requests for: Hydrocodone APAP 10-325 #60. The reports provided show the patient has been taking this medication since at least 05/10/14. MTUS Guidelines pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief." The 04/24/13 report states that medication helps pain. On 05/10/13 the patient rates pain at 9/10 and on 08/09/13 as 08/10. On 08/09/13 and 05/10/13 the patient answers questions regarding activities

of daily living. Parenthesis note change from 05/10/13: most personal care is managed by the patient with some help (worse) , only light objects can be lifted, walking is limited to no more than mile, very light activity is possible, it is possible to climb stairs but with a lot of difficulty (worse) , sitting is limited to 15-30 minutes, standing walking is limited to 15-30 minutes, unable to grasp something at chest level, cannot push or pull anything, repetitive motions are accomplished with great difficulty, forceful activities with arms and hands cannot be accomplished, sleep is moderately disturbed 2-3 hours/night (improved), cannot engage in recreational activities, pain interferes with concentration and most of the time and pain causes a lot of emotional distress. In this case, pain is documented with the use of pain scales. Medication is stated to help, ADLs are documented and on 09/06/13 the report notes there are no adverse side effects. Opiate management issues are partly addressed. The 09/06/13 urine toxicology report shows Hydrocodone and Hydromorphone are "detected" that Hydrocodone is "prescribed", that Hydromorphone is not prescribed and that the results for both medications are "consistent". There is no discussion by the treater of adverse behavior or of the presence of Hydromorphone in the urine toxicology report. Change from 9/10 to 8/10 with some ADLs worsening does not appear significant enough to warrant continued use long-term opiates. Furthermore, there is no documentation of outcome measures. Therefore this request is not medically necessary.