

Case Number:	CM13-0059534		
Date Assigned:	06/09/2014	Date of Injury:	11/01/2011
Decision Date:	08/26/2014	UR Denial Date:	11/20/2013
Priority:	Standard	Application Received:	12/02/2013

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 and is licensed to practice in Nevada. 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 records, presented for review, indicate that this 53-year-old female was reportedly injured on 11/1/2011. The mechanism of injury was not listed in these records reviewed. The most recent progress note, dated 7/17/2014, indicated that there are ongoing complaints of bilateral shoulders and right knee pain. The physical examination demonstrated bilateral shoulders were well healed arthroscopic portals and incisions. Forward flexion and abduction were of 170 degrees and internal rotation to L3. Manual muscle testing was 5/5. No recent diagnostic studies are available for review. Previous treatment included previous surgery, physical therapy, and medications. A request had been made for physical therapy for bilateral shoulders #12, Norco 10/325 mg #60, Soma 350 mg #30, and Ambien 10 mg #30 and was not certified in the pre-authorization process on 11/20/2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

PHYSICAL THERAPY, 12 SESSIONS FOR THE BILATERAL SHOULDERS: Upheld

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

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

Decision rationale: Post surgical Treatment Guidelines recommend importance of post op physical therapy after shoulder surgery. It was noted the injured worker was status post right shoulder arthroscopy with rotator cuff repair on 2/2013. They have completed 12 physical therapy visits as of July 2013. They are authorized 24 visits over a 14 week time frame. After review of the medical records provided, the injured worker has complained of right knee pain. Bilateral shoulders were doing well, and no additional physical therapy was required at this time. Therefore, this request is deemed not medically necessary.

NORCO 10/325MG, #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines WHEN TO CONTINUE OPIOIDS.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-78.

Decision rationale: Norco (hydrocodone/acetaminophen) is a short-acting opioid combined with acetaminophen. California Medical Treatment Utilization Schedule (MTUS) supports short-acting opiates for the short-term management of moderate to severe breakthrough pain. Management of opiate medications should include the lowest possible dose to improve pain and function, as well as the ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. The injured employee has chronic pain; however, there was no clinical documentation of improvement in the pain or function with the current regimen. As such, this request is not considered medically necessary.

SOMA 350MG, #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Carisoprodol Page(s): 29.

Decision rationale: The California Medical Treatment Utilization Schedule (MTUS) specifically recommends against the use of Soma and indicates that it is not recommended for long-term use. Based on the clinical documentation provided, the clinician did not provide rationale for deviation from the guidelines. As such, with the very specific recommendation of the MTUS against the use of this medication, this is deemed not medically necessary.

AMBIEN 10MG, #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) TWC/ODG

Integrated Treatment/Disability Duration Guidelines; Pain (Chronic) - Ambien (updated 07/10/14).

Decision rationale: California Medical Treatment Utilization Schedule (MTUS)/ American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) does not address; therefore Official Disability Guidelines (ODG) used. Zolpidem is a prescription short-acting non-benzodiazepine hypnotic, which is approved for the short-term (usually two to six weeks) treatment of insomnia. The guidelines specifically do not recommend them for long-term use for chronic pain. As such, this request is not medically necessary.