

Case Number:	CM13-0070608		
Date Assigned:	01/08/2014	Date of Injury:	11/23/2009
Decision Date:	06/26/2014	UR Denial Date:	12/12/2013
Priority:	Standard	Application Received:	12/24/2013

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 & Rehabilitation, and is licensed to practice in Texas and Ohio. 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 injured worker was a 40-year-old male who reported an injury on 11/23/2009. The mechanism of injury was not provided in the clinical documentation submitted. The clinical note dated 12/02/2013 reported that the injured worker complained of left shoulder pain. The injured worker described the pain as aching and constant. The injured worker reported the pain to be worse with movement; he also complained of right low back pain/hip pain which radiated to the right foot. The injured worker complained of right knee pain rated at a 9/10 without medications and an 8/10 with pain medications. The injured worker noted that walking aggravates the low back and the hip. The injured worker noted that pain was alleviated by pain medications. Upon the physical exam, the provider noted that the injured worker had limited active range of motion of the left shoulder joint. Flexion and abduction of the left shoulder were 0 to 80 degrees. The provider noted that the right knee has 10 degrees of extension lag with flexion of 0 to 110 degrees. The injured worker had diagnoses of right shoulder pain, shoulder tendonitis, degenerative signal and fraying of the left shoulder superior labrum on MRI dated 10/22/2011 and complex regional pain syndrome of the right lower extremity. The provider requested refills for tramadol 300 mg #30 to improve pain, Ambien 10 mg #30 help with insomnia from pain, and Lyrica 100 mg #90 to help with neuropathic pain. The Request for Authorization was provided and submitted on 12/06/2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

TRAMADOL 300MG #30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, OPIOIDS FOR NEUROPATHIC PAIN,

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines On-Going Pain Management, Page(s): 78-79.

Decision rationale: The request for tramadol 300 mg #30 is non-certified. The injured worker complained of left shoulder pain described as aching and constant. The injured worker noted that the pain was worse with movement. The injured worker complained of right low back/hip pain, which radiated to the right foot. The injured worker complained of right knee pain, which he rated the pain as a 9/10 without medications and an 8/10 with medications. The injured worker reported that walking aggravated the low back and hip pain. The injured worker noted that pain was alleviated with medications. The California MTUS Guidelines recommend ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. The guidelines also note that a pain assessment should include current pain, the least reported pain over the period since the last assessment, average pain, intensity of pain after taking the opioid and how long it takes for pain relief and how long the pain relief lasts. The guidelines note the use of a urine drug screen or in patient treatment treatment with issues of abuse, addiction or poor pain control. The provider did not document an adequate and complete pain assessment with the documentation. The documentation lacks evidence of the medication providing the desired effect for the injured worker. Additionally, the use of a urine drug screen was not provided in the clinical documentation submitted. The request submitted failed to provide the frequency of the medication. Therefore, the request for tramadol 300 mg #30 is non-certified.

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), Pain, Zolpidem.

Decision rationale: The request for Ambien 10 mg #30 is non-certified. The injured worker complained of left shoulder pain described as aching and constant. The injured worker reported that pain was worse with movement, The injured worker complained of right low back pain/hip pain, which radiated to the right foot. The injured worker complained of right knee pain. The injured worker reported pain as a 9/10 without pain medications and an 8/10 with pain medications. The injured worker noted that walking aggravates the low back and hip pain. The injured worker noted that the pain is alleviated by pain medications. The Official Disability Guidelines state that zolpidem is a prescription short-acting nonbenzodiazepine hypnotic, which is approved for the short-term, usually 2 to 6 weeks, treatment of insomnia. Zolpidem is in the same class as Ambien. The guidelines also note that proper sleep hygiene is critical to the individual with chronic pain and is often hard to obtain. Various medications may provide short-

term benefit. While sleeping pills, so-called minor tranquilizers and antianxiety agents are commonly prescribed in chronic pain, pain specialists rarely, if ever, recommend them for long-term use. There was a lack of clinical documentation indicating the injured worker to have signs and symptoms of insomnia or of being diagnosed with insomnia. Additionally, the injured worker has been utilizing the medication for an extended period of time, which exceeds the guidelines recommendations of 2 to 6 weeks. The request submitted failed to provide the frequency of the medication. Therefore, the request for Ambien 10 mg #30 is non-certified.

LYRICA 100MG #90: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines Antiepilepsy drugs Page(s): 16, 19.

Decision rationale: The request for Lyrica 100 mg #90 is non-certified. The injured worker complained of left shoulder pain described as aching and constant. The injured worker noted that the pain was worse with movement. The injured worker complained of right low back pain/hip pain, which radiated to the right foot. The injured worker complained of right knee pain. The injured worker rated his pain at a 9/10 without pain medications and an 8/10 with pain medications. The injured worker noted that walking aggravated the low back and hip. The injured worker noted that pain is alleviated by pain medications. The California MTUS Guidelines recommend Lyrica for neuropathic pain, pain due to nerve damage. The guidelines note that Lyrica has been documented to be effective in the treatment of diabetic neuropathy and postherpetic neuralgia; it has FDA approval for both indications and is considered a first-line treatment for both. The guidelines note that Lyrica has an antianxiety effect. Lyrica is considered by the FDA as a treatment for generalized anxiety disorder and social anxiety disorder. In 06/2007, the FDA announced the approval for Lyrica as the first approved treatment for fibromyalgia. There was a lack of documentation indicating the injured worker to have neuropathic pain. There was a lack of objective findings indicating the injured worker to have fibromyalgia. The request submitted failed to provide the frequency of the medication. Therefore, the request for Lyrica 100 mg #90 is non-certified.