

Case Number:	CM13-0072016		
Date Assigned:	01/08/2014	Date of Injury:	03/24/2004
Decision Date:	06/05/2014	UR Denial Date:	12/12/2013
Priority:	Standard	Application Received:	12/30/2013

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 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 40 year old male who was injured on 03/24/2004. He states his symptoms are work related from lifting and twisting day to day jack hammering and constant heavy lifting of concrete. Prior treatment history has included the patient undergoing right shoulder arthroscopy in 2005 and 2006 and left shoulder arthroscopy in 2006 as well as right and left hand surgery in 2006 and 2006. Diagnostic studies were not provided in the records for review. PR-2 dated 07/17/2013 documented the patient's pain level is a 6/10 to 9/10. He walks daily and rides his bike and does childcare at home. He has no signs of overmedication. His complaints continue to be left shoulder pain, headache pain in the temple region on his left eye. Usually it is in the back of his neck and head. He received a trigger point injection today to the left shoulder. Objective findings on exam reveal his range of motion is limited as well as his active range of motion. PR-2 dated 09/09/2013 documented the patient with complaints of severe left shoulder pain. He has difficulty with overhead activity. He is not able to sleep at night laying on his left side. His shoulder has been popping. The patient has been very frustrated. Objective findings on exam of the cervical spine reveals range of motion is limited due to pain with flexion, extension and side bending. He has tenderness on palpation to his left anterior shoulder. His left shoulder range of motion is also limited with flexion, abduction, and external rotation. He has positive impingement to his left shoulder. There is marked tenderness on palpation over the AC joint. PR-2 dated 11/04/2013 Documented the patient continues with increased pain to his left shoulder. He has difficulty with overhead activity. The patient has been complaining of constant neck pain and muscle spasm as well as stiffness. The patient's work status is permanent and stationary. Objective findings on exam of the cervical spine reveal range of motion is limited with flexion, extension, and side bending. He has tenderness to palpation of his left anterior shoulder. His left shoulder range of motion flexion, abduction and external rotation is decreased. He has positive

impingement. There is tenderness on palpation over the AC joint. There is no drowsiness or dizziness.

IMR ISSUES, DECISIONS AND RATIONALES

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

ZOLPIDEM 12.5MG #30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Treatment Index, 11th Edition (Web), 2013, Pain-Zolpidem.

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 and Stress, Zolpidem (Ambien).

Decision rationale: The CA MTUS guidelines have not addressed the issue of dispute. According to the ODG, Zolpidem (Ambien) is not recommended for long-term use, but recommended for short-term use (usually two to six weeks). They can be habit-forming, and they may impair function and memory more than opioid pain relievers. There is also concern that they may increase pain and depression over the long-term. The medical records document was diagnosed with left shoulder rotator cuff tear, chronic intractable neck pain secondary to cervical degenerative disc disease with cervical spondylosis, and chronic low back pain with radiculopathy. The patient was on Zolpidem since 6/24/2013. In the absence of documented duration and the frequency of medication, the effect of medication on insomnia whether improved or not, and as the guidelines have not recommended the medication for more than 6 weeks, the request for Zolpidem is not medically necessary.

OXYCODONE ER 80MG #180: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-95.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96.

Decision rationale: According to the CA MTUS guidelines, Oxycodone ER 80 is long-acting opioids which stabilize medication levels, and provide around the clock analgesia. The medical records document was diagnosed with left shoulder rotator cuff tear, chronic intractable neck pain secondary to cervical degenerative disc disease with cervical spondylosis, and chronic low back pain with radiculopathy. In PR2 dated 11/4/2013 revealed the patient had complained of left shoulder pain with difficulty of overhead activity. The patient was on Oxycodone ER 80 6/24/2013. In the absence of documented pain relief, functional improvement appropriate medication use, there is proper abatement of pain which include the intensity of the pain before after the medication, how long it takes for the pain relief, and how long pain relief last, further,

there is no urine drug screen is provided in the records to indicate the monitoring the medication. Therefore, the request for Oxycodone ER is not medically.

OXYCODONE IR 30MG - DISPENSED #150: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-95.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96.

Decision rationale: According to the CA MTUS guidelines, Oxycodone IR 30 is short-acting opioids which are effective in controlling chronic pain. They are used often for intermittent or breakthrough pain. The medical records document was diagnosed with left shoulder rotator cuff tear, chronic intractable neck pain secondary to cervical degenerative disc disease with cervical spondylosis, and chronic low back pain with radiculopathy. In PR2 dated 11/4/2013 revealed the patient had complained of left shoulder pain with difficulty of overhead activity. The patient was on Oxycodone IR 80 6/24/2013. In the absence of documented pain relief, functional improvement appropriate medication use, there is proper abasement of pain which include the intensity of the pain before after the medication, how long it takes for the pain relief, and how long pain relief last, further, there is no urine drug screen is provided in the records to indicate the monitoring the medication. In addition, regarding opioid dosing, the guidelines recommend that the dosing not exceed 120 mg oral morphine equivalents per day, as the patient was taking more than one opioid there is no adequate documentation of cumulative dose and it is impact on the pain and function. Therefore, the request for Oxycodone IR is not medically necessary.

LYRICA 150MG #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-Epilepsy Drug (AED) Page(s): 17.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pregabalin (Lyrica®) Page(s): 99.

Decision rationale: According to the CA MTUS guidelines, Pregabalin (Lyrica®) has been documented to be effective in treatment of diabetic neuropathy and postherpetic neuralgia, has FDA approval for both indications, and is considered first-line treatment for both. It has been reported that a 30% reduction in pain is clinically important to patients and a lack of response of this magnitude may be the "trigger "for the following: (1) a switch to a different first-line agent (TCA, SNRI or AED are considered first-line treatment); or (2) combination therapy if treatment with a single drug agent fails. The medical records document was diagnosed with left shoulder rotator cuff tear, chronic intractable neck pain secondary to cervical degenerative disc disease with cervical spondylosis, and chronic low back pain with radiculopathy. In PR2 dated 11/4/2013 revealed the patient had complained of left shoulder pain with difficulty of overhead activity. The patient was on Lyrica IR 80 6/24/2013. In the absence of documented diabetic neuropathy, postherpetic neuralgia or fibromyalgia, further there is no documented at least

moderate response which is a 30% reduction of pain, the request for Lyrica 150mg is not medically necessary.