

Case Number:	CM14-0001576		
Date Assigned:	01/22/2014	Date of Injury:	05/06/2006
Decision Date:	07/02/2014	UR Denial Date:	12/17/2013
Priority:	Standard	Application Received:	01/03/2014

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 injured worker is a 47 year old male who reported an injury on 5/6/06; the mechanism of injury was not provided for review. The clinical note dated 12/4/13 indicated diagnoses of chronic neck pain due to tight musculature and muscle spasms, right shoulder pain due to a history of right labral tear status post repair and impingement syndrome, right thoracic pain possibly due to costochondritis versus a neuritis of the intercostal nerve, and problems with anxiety, depression, and insomnia. The injured worker reported the Opana is not working. The injured worker's medication regimen included Opana, Norco, Ambien, and Fiorecet.

IMR ISSUES, DECISIONS AND RATIONALES

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

OPANA 30MG, #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines OXYMORPHONE (OPANA) Page(s): 91, 93.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS Page(s): 74-95.

Decision rationale: The injured worker was diagnosed with chronic neck pain due to tight musculature and muscle spasms, right shoulder pain due to a history of right labral tear status post repair and impingement syndrome, right thoracic pain possibly due to costochondritis versus

a neuritis of the intercostal nerve, and problems with anxiety, depression, and insomnia. The California MTUS Guidelines recommend the use of opioids for the on-going management of chronic low back pain. The ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should be evident. There is a lack of evidence of an objective assessment of the injured workers pain level, functional status, evaluation of risk for aberrant drug use behaviors and side effects. As such, the request is not medically necessary.

NORCO 10/325MG, #200: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines HYDROCODONE/ACETAMINOPHEN Page(s): 78.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS Page(s): 74-95.

Decision rationale: The injured worker was diagnosed with chronic neck pain due to tight musculature and muscle spasms, right shoulder pain due to a history of right labral tear status post repair and impingement syndrome, right thoracic pain possibly due to costochondritis versus a neuritis of the intercostal nerve, and problems with anxiety, depression, and insomnia. The California MTUS Guidelines recommend the use of opioids for the on-going management of chronic low back pain. The ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should be evident. There is a lack of evidence of an objective assessment of the injured workers pain level, functional status, evaluation of risk for aberrant drug use behaviors and side effects. As such, the request is not medically necessary.

AMBIEN 10MG, #45: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guideline (ODG).

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

Decision rationale: The MTUS/ACOEM guidelines do not address this issue, so the Official Disability Guidelines were used instead. The injured worker was diagnosed with chronic neck pain due to tight musculature and muscle spasms, right shoulder pain due to a history of right labral tear status post repair and impingement syndrome, right thoracic pain possibly due to costochondritis versus a neuritis of the intercostal nerve, and problems with anxiety, depression, and insomnia. The Official Disability Guidelines state that Ambien is a prescription short-acting non-benzodiazepine hypnotic, which is approved for the short-term (usually two to six weeks) treatment of insomnia. The injured worker has been prescribed Ambien at least since 12/4/13 which exceeds guideline recommendations of 2-6 weeks. As such, the request is not medically necessary.

FIORICET 50/325MG, #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines PAIN, BARBITUATE-CONTAINING ANALGESIC AGENTS (BCA) Page(s): 23.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Barbiturate-containing analgesic agent Page(s): 23.

Decision rationale: The injured worker was diagnosed with chronic neck pain due to tight musculature and muscle spasms, right shoulder pain due to a history of right labral tear status post repair and impingement syndrome, right thoracic pain possibly due to costochondritis versus a neuritis of the intercostal nerve, and problems with anxiety, depression, and insomnia. The California MTUS Guidelines state that Fioricet is not recommended for chronic pain. The potential for drug dependence is high and no evidence exists to show a clinically important enhancement of analgesic efficacy of BCAs due to the barbiturate constituents. The California MTUS Guidelines recommend the use of opioids for the on-going management of chronic low back pain. The ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should be evident. There is a lack of evidence of an objective assessment of the injured workers pain level, functional status, evaluation of risk for aberrant drug use behaviors and side effects. As such, the request is not medically necessary.