

Case Number:	CM14-0004511		
Date Assigned:	02/05/2014	Date of Injury:	01/24/2012
Decision Date:	06/20/2014	UR Denial Date:	01/03/2014
Priority:	Standard	Application Received:	01/13/2014

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 Orthopedic Surgeon and is licensed to practice in Maryland. 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 69 year old female evaluated in the emergency room on 01/20/12 following complaints of chest pain ruled out for myocardial infarction and cerebral vascular accident. The patient was subsequently diagnosed with impingement syndrome and underwent six sessions of physical therapy and medication management. MRI dated 03/09/12 noted type 3 acromion, mild hypertrophy joint, fluid in subacromial space consistent with bursitis, delamination with interstitial tearing of the supraspinatus and infraspinatus tendon. The patient underwent arthroscopic right shoulder subacromial decompression, distal clavicle excision, Mumford procedure with extensive debridement of the bursal surface partial thickness rotator cuff tear on 11/07/12. Current diagnoses included cervical spine musculoligamentous sprain/strain with recent history of increased symptoms, mild right carpal tunnel syndrome per electrodiagnostic studies dated 03/12/12, right sided chest pain remaining asymptomatic, and history of stress, anxiety, and depression stemming from chronic pain and physical limitations. Clinical documentation dated 11/26/13 indicated the patient presented with complaints of a recent flare up of the neck condition over the course of last several weeks absent of a precipitating cause. Physical examination of the cervical spine revealed increased tenderness along with cervical paravertebral and upper trapezial muscles with attendance light hypertonicity/muscle guarding, right greater than left, suboccipital triangle non-tender, decreased range of motion, sensation grossly intact pin prick and light touch in bilateral upper extremities, normal muscle bulk and tone, muscle testing in major muscle groups of bilateral upper extremities revealed no weakness, and reflexes 2+ and symmetric to bilateral upper extremities. The patient denied trigger point injections, physical therapy, and acupuncture choosing to continue home exercise program. Current medications included Anaprox 550mg BID, Norflex 100mg, and sonata 10mg. The patient failed behavioral techniques from improving sleep and

continued to have sleeping difficulties. The initial request for retrospective Anaprox 550mg, 60 date of service 11/26/13 and refill of sonata 10mg was non-certified on 01/03/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

RETROSPECTIVE MEDICATION: ANAPROX 550MG, 60 DOS: 11/26/13: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: MTUS NSAIDS (NON-STEROIDAL ANTI-INFLAMMATORY DRUGS), ,

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, NSAIDS, SPECIFIC DRUG LIST AND ADVERSE EFFECTS, 70

Decision rationale: As noted on page 70 of the Chronic Pain Medical Treatment Guidelines, NSAIDs are recommended as a second-line treatment after acetaminophen for acute exacerbations of chronic pain. In general, there is conflicting evidence that NSAIDs are more effective than acetaminophen for acute lower back pain. Package inserts for NSAIDs recommend periodic lab monitoring of a CBC and chemistry profile (including liver and renal function tests). There is no documentation that these monitoring recommendations have been performed and the patient is being monitored on a routine basis. Additionally, it is generally recommended that the lowest effective dose be used for all NSAIDs for the shortest duration of time. As such, the retrospective medication: Anaprox 550MG, 60 DOS: 11/26/13 cannot be established. Therefore is not medically necessary.

RETROSPECTIVE MEDICATION: REFILL SONATA 10MG DOS: 11/26/13: 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) Pain Chapter- Insomnia Treatment.

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, Sedative Hypnotics.  

Decision rationale: As noted in the Mental Illness and Stress section of the Official Disability Guidelines, Sonata is not recommended for long-term use, but recommended for short-term use. Guidelines recommend limiting use of hypnotics to three weeks maximum in the first two months of injury only, and discourage use in the chronic phase. The documentation indicates the patient has exceeded the recommended treatment period. As such, the retrospective medication: refill Sonata 10MG DOS: 11/26/13 is not medically necessary.

