

Case Number:	CM14-0112157		
Date Assigned:	08/01/2014	Date of Injury:	05/09/2010
Decision Date:	10/16/2014	UR Denial Date:	06/25/2014
Priority:	Standard	Application Received:	07/18/2014

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 Anesthesiology, has a subspecialty in Pain Medicine 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 53 year old female injured on 05/09/10 due to an undisclosed mechanism of injury. Diagnoses include chronic right shoulder pain, chronic neck pain, and right shoulder trapezius scapular myofascial pain, degenerative disc disease of the cervical spine, NSAID-induced gastritis, gastroesophageal reflux disease, and hypertension. Clinical note dated 05/28/14 indicated the injured worker reported she continued to not get out of the house, not exercise, and only walked from the office to the car. The documentation indicated the injured worker was not staying very functional and would like remain at the current functional status. The documentation indicated the injured worker adamant regarding continuation of medications stating Percocet required for sleep at night, Baclofen for relaxation, Percocet for stomach pain, and Ambien for sleep. Medications included Percocet 5/325mg BID, Baclofen 10mg BID, Prilosec 20mg BID, Ambien 5mg QHS, BioFreeze, Lisinopril, Remeron 15mg QHS, and Cymbalta. Objective findings included guarding of the right shoulder and arm with minimal movement. The documentation indicated prescription for several months' supply provided. The initial request was non-certified on 06/25/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Percocet 5/325 mg twice daily # 30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines - in regards to the long.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for Use of Opioids Page(s): 77.

Decision rationale: As noted on page 77 of the Chronic Pain Medical Treatment Guidelines, patients must demonstrate functional improvement in addition to appropriate documentation of ongoing pain relief to warrant the continued use of narcotic medications. There is no clear documentation regarding the functional benefits or any substantial functional improvement obtained with the continued use of narcotic medications. Specific examples of improved functionality should be provided to include individual activities of daily living, community activities, and exercise able to perform as a result of medication use. As such, Percocet 5/325 mg bid (twice daily) # 30 is not medically necessary at this time.

Ambien 5 mg at bedtime # 30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation California Sleeping Medications

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

Decision rationale: As noted in the Pain (Chronic) of the Official Disability Guidelines (ODG) - online version, Ambien is approved for the short-term (usually two to six weeks) treatment of insomnia. Pain specialists rarely, if ever, recommend it for long-term use. Ambien can be habit-forming, and may impair function and memory more than opioid pain relievers. There is also concern that it may increase pain and depression over the long-term. The injured worker has been utilizing this medication on a long-term basis, exceeding the recommended 2-6 week window of use. As such, the request for Ambien 5 mg at bedtime # 30 is not medically necessary.