

Case Number:	CM14-0119155		
Date Assigned:	09/24/2014	Date of Injury:	05/14/2011
Decision Date:	10/24/2014	UR Denial Date:	07/22/2014
Priority:	Standard	Application Received:	07/29/2014

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 Family Practice 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:

Claimant is a 43 year old female who sustained a work injury on 5/14/11 involving the left shoulder. She was diagnosed with left shoulder impingement and underwent decompression of the left shoulder. A progress note on 7/10/14 indicated the claimant had improvement with therapy. Her condition was permanent and stationary. The treating physician recommended continuation of Norco for pain, Ambien for sleep, Omeprazole and Flector patches. She had been Norco, Omeprazole and Flector for at least 18 months.

IMR ISSUES, DECISIONS AND RATIONALES

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

Generic Ambien 5 mg #30, Refills x2: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation (ODG), (TWC) Official Disability Guidelines, Treatment in Workers' Compensation: Zolpidem Mosby's Drug Consult: Zolpidem

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) insomnia medications and pain.

Decision rationale: The California Medical Treatment Utilization Schedule (MTUS) guidelines do not comment on insomnia. According to the Official Disability Guidelines (ODG) guidelines,

recommend that treatment be based on the etiology, with the medications. Pharmacological agents should only be used after careful evaluation of potential causes of sleep disturbance. Failure of sleep disturbance to resolve in a 7 to 10 day period may indicate a psychiatric and/or medical illness. Primary insomnia is generally addressed pharmacologically. Secondary insomnia may be treated with pharmacological and/or psychological measures. In this case, the claimant had been on Ambien for over a month with an additional 3 months prescribed. In addition, the quality and condition of the sleep disturbance was not identified. Continued use of Ambien is not medically necessary.

Norco 10/325 mg #30, Refills x2: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opioids Page(s): 82-92.

Decision rationale: Norco is a short acting opioid used for breakthrough pain. According to the California Medical Treatment Utilization Schedule (MTUS) guidelines it is not indicated as 1st line therapy for neuropathic pain, and chronic back pain. It is not indicated for mechanical or compressive etiologies. It is recommended for a trial basis for short-term use. Long Term-use has not been supported by any trials. In this case, the claimant had been on Norco for a year. The current condition is stationary. The continued use of Norco is not medically necessary.

Omeprazole 20 mg #60, Refills x2: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation (ODG), (TWC) Official Disability Guidelines, Treatment in Workers' Compensation: Proton Pump Inhibitors

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 68-69.

Decision rationale: According to the California Medical Treatment Utilization Schedule (MTUS) guidelines, Prilosec is a proton pump inhibitor that is to be used with non-steroidal anti-inflammatory drugs (NSAIDs) for those with high risk of GI events such as bleeding, perforation, and concurrent anticoagulation/anti-platelet use. In this case, there is no documentation of GI events or antiplatelet use that would place the claimant at risk. Therefore, the continued use of Prilosec is not medically necessary.

Flector Patch 180 mg #30, Refills x2: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines topical analgesics Page(s): 111-112.

Decision rationale: According to the California Medical Treatment Utilization Schedule (MTUS) guidelines, topical analgesics are recommended as an option as indicated below. They are largely experimental in use with few randomized controlled trials to determine efficacy or safety. The Flector patch is primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Flector patches contain topical non-steroidal anti-inflammatory drugs (NSAID). Topical NSAIDs have been shown in meta-analysis to be superior to placebo during the first 2 weeks of treatment for osteoarthritis, but either not afterward, or with a diminishing effect over another 2-week period. It has not been evaluated for treatment of the spine, hip or shoulder. In this case, the claimant had used Flector patches for shoulder for over a year. The continued use of Flector is not medically necessary.