

Case Number:	CM14-0129864		
Date Assigned:	08/20/2014	Date of Injury:	10/12/2010
Decision Date:	09/24/2014	UR Denial Date:	07/25/2014
Priority:	Standard	Application Received:	08/14/2014

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 & Rehabilitation, 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 49-year-old female with a reported date of injury on 10/12/2010. The mechanism of injury was noted to be due to a lifting injury. Her diagnoses were noted to include chronic right shoulder pain, status post rotator cuff repair acromioplasty, bursectomy, and distal clavicle resection, chronic neck pain, right carpal tunnel syndrome, chronic pain syndrome of moderate severity, and new onset of left shoulder pain. Her previous treatments were noted to include medications, physical therapy, surgery, and acupuncture. The progress note dated 02/05/2014 revealed complaints of right shoulder pain. The medication regimen was noted to include Voltaren XR 100 mg daily, Norco 10/325 one every 4 hours to 6 hours, Ambien 10 mg at night, and Omeprazole 20 mg daily. The physical examination of the neck revealed flexion was near full, extension was to 50% of normal, and lateral rotation to the right/left was also near full. The physical examination of the wrists noted an equivocal Tinel's to the right wrist and negative on the left. There was a positive Phalen's to the right wrist and negative on the left. The physical examination of the shoulders revealed right shoulder flexion and abduction were to 90 degrees and extension was to 20 degrees. The left shoulder flexion and abduction were to 120 degrees and extension was to 30 degrees. The progress note dated 04/02/2014 revealed the injured worker had been prescribed Relafen and took it only for a week and it caused a lot of nausea and, therefore, the provider added Phenergan to see if she would be able to tolerate it. The injured worker complained of neck and upper back pain and stated that her right upper extremity tended to swell. Both shoulders hurt, but at the time the right shoulder was the most painful. The physical examination of the neck revealed flexion was near full, extension was 50% to 75% of normal, and lateral rotation to the right/left was 75% of normal. The physical examination of the shoulders revealed right shoulder flexion was 90 degrees, abduction was 90 degrees, extension was 15 degrees, and left shoulder flexion was 130 degrees, abduction was 130

degrees, and extension was 25 degrees. The progress note dated 07/16/2014 revealed complaints of pain to the shoulders that were about equal in intensity as well as the neck. The injured worker believed that the Relafen was causing her stomach upset and nausea and would hold off on taking it. The physical examination revealed there was no change in the general examination. The physical examination of the neck revealed tenderness all across the neck area with tenderness that extended out over the trapezius muscles bilaterally towards the shoulder; on the right side, it was slightly greater than the left. There was also tightness of the trapezius muscles bilaterally. The Request for Authorization Form dated 07/18/2014 was for Norco 10/325 mg #120, Zolpidem 10 mg #30, and Promethazine 25 mg #60 for nausea.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, On-going Management Page(s): 78.

Decision rationale: The request for Norco 10/325mg #120 is not medically necessary. The injured worker has been utilizing this medication since at least 01/2014. According to the California Chronic Pain Medical Treatment Guidelines, the ongoing use of opioid medications may be supported with detailed documentation of pain relief, functional status, appropriate medication use, and side effects. The guidelines also state that the 4 A's for ongoing monitoring, including analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behaviors, should be addressed. There was a lack of documentation regarding evidence of decreased pain on a numerical scale with the use of medications, improved functional status, or side effects, and without details regarding whether the injured worker has had consistent urine drug screens and when the last test was performed, the ongoing use of opioid medications is not supported by the guidelines. Additionally, the request failed to provide the frequency at which this medication is to be utilized. Therefore, the request is not medically necessary.

Zolpidem 10mg #30: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The request for Zolpidem 10mg #30 is not medically necessary. The injured worker has been utilizing this medication since at least 01/2014. The Official Disability Guidelines state Zolpidem is a prescription short acting non-benzodiazepine hypnotic, which is

approved for short term (usually 2 weeks to 6 weeks) treatment of insomnia. While sleeping pills, so-called minor tranquilizers, and anti-anxiety agents are commonly prescribed in chronic pain, pain specialists rarely, if ever, recommend them for long term use. They can be habit forming, and they may impair functioning and memory more than opioid pain relievers. There is also concern they may increase pain and depression over the long term. There is a lack of documentation regarding the injured worker's sleep quality and duration to warrant Zolpidem. The guidelines recommend short term utilization of this medication for 2 weeks to 6 weeks and the injured worker has been utilizing this medication for over 6 months. Additionally, the request failed to provide the frequency at which this medication is to be utilized. Therefore, the request is not medically necessary.

Promethazine 25mg #60: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The request for Promethazine 25mg #60 is not medically necessary. The injured worker has been utilizing this medication since at least 04/2014. The Official Disability Guidelines do not recommend anti-emetics for nausea and vomiting secondary to chronic opioid use. Nausea and vomiting are common with the use of opioids, and these side effects tend to diminish over days to weeks of continued exposure. The guidelines recommend Promethazine as a sedative and anti-emetic in preoperative and postoperative situations. Multiple central nervous system effects are noted with the use, including somnolence, confusion, and sedation. Tardive dyskinesia is also associated with use. This is characterized by involuntary movements of the tongue, mouth, jaw, and/or face. There is a lack of documentation regarding efficacy of this medication. The guidelines recommend preoperative and postoperative utilization of this medication, and the injured worker was utilizing this for medication-induced nausea. Additionally, the request failed to provide the frequency at which this medication is to be utilized. Therefore, the request is not medically necessary.