

Case Number:	CM14-0166375		
Date Assigned:	10/13/2014	Date of Injury:	06/30/2011
Decision Date:	12/05/2014	UR Denial Date:	10/02/2014
Priority:	Standard	Application Received:	10/09/2014

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 Occupational 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 52 year old female with a date of injury on 6/30/2011. As per the 9/15/14 report, she presented with left shoulder and right knee pain. Her average pain level was 6/10, flaring up to 9/10 and coming down to 4-5/10 with medications. Exam revealed ongoing tenderness to the right knee, obvious mild small effusion on the medial aspect of the right knee with crepitus and pain, and tenderness throughout the acromioclavicular (AC) joint of the left shoulder. Standing upright anterior posterior (AP) and lateral views of the right knee dated 6/16/14 revealed osteoarthritis in the right knee region. Magnetic resonance imaging (MRI) of the left shoulder dated 9/18/14 revealed tendinopathy of the supraspinatus tendon, tendinopathy and partial tear of the lateral edge of the subscapularis tendon, degenerative joint disease (DJD) and capsular hypertrophy at the left acromioclavicular (AC) joint, and small amount of fluid or inflammation in the subdeltoid bursa. She previously underwent right open knee surgery on 4/4/13, arthroscopic surgery in March 2012 and cervical fusion. She is currently on Norco, Relafen, Ambien and Reglan. Medications help her reduce the pain level from 9/10 to 4/10 in the right knee and left shoulder. They help a lot with her activities of daily living (ADLs) like cooking, cleaning, laundering, self-hygiene and walk on a consistent basis for exercise. They also allow her to stand for longer periods of time on the knee and do more repetitive motions with the left arm. She has been using Ambien since 2011 and it helps significantly with her sleep. Reglan helps with nausea that occurs on occasion with the Percocet. Pain agreement is in place and her last random urine drug screen was consistent. Diagnoses include right knee osteoarthritis, persistent right thigh, groin, and leg pain, neck pain with prior history of cervical fusion with pain radiating into her left arm, and left shoulder pain. The request for Ambien 5 mg #30 and Reglan 10 mg #60 was denied on 10/02/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ambien 5mg #30: 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), Treatment Index, 12th Edition (web), 2014, Pain, Zolpidem

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 California Medical Treatment Utilization Schedule (MTUS) guidelines do not address the issue in dispute and hence ODG have been consulted. As per the Official Disability Guidelines (ODG), zolpidem (Ambien) is a prescription short-acting non-benzodiazepine hypnotic, which is approved for the short-term (usually two to six weeks) treatment of insomnia. Proper sleep hygiene is critical to the individual with chronic pain, which has not been addressed in this case." There is no documentation of a detailed assessment of insomnia. Therefore, the request is not medically necessary according to the guidelines and based on the available clinical information.

Reglan 10mg #60: 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), Treatment Index, 12th Edition (web), 2014, Pain, Antiemetics (for opioid nausea)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Drugs.com
<http://www.drugs.com/search.php?searchterm=reglan>

Decision rationale: The California Medical Treatment Utilization Schedule (MTUS)/American College of Occupational and Environmental Medicine (ACOEM) guidelines do not address the issue. Instead, Drugs.com was consulted:Reglan is used short-term to treat heartburn caused by gastroesophageal reflux in people who have used other medications without relief of symptoms. In this case, there is no documentation of heartburn of gastroesophageal reflux disease (GERD). Furthermore, the records indicate that the injured worker has been taking this medication for a long period of time. As such, the request is considered not medically necessary according to cited reference and lack of documentation.