

Case Number:	CM14-0039700		
Date Assigned:	06/30/2014	Date of Injury:	07/05/2007
Decision Date:	08/18/2014	UR Denial Date:	03/07/2014
Priority:	Standard	Application Received:	04/04/2014

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 and is licensed to practice in California and Washington. 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 42-year-old female who reported an injury on 07/05/2007. The mechanism of injury was not specifically stated. Current diagnoses include bilateral rotator cuff tear and left impingement syndrome. The injured worker was evaluated on 06/03/2014 with complaints of persistent pain in the bilateral upper extremities. Physical examination revealed decreased finger flexion and bilateral upper extremity tenderness. Treatment recommendations included continuation of the current medication regimen of methadone 10 mg, Norco 10/325 mg, and zolpidem 10 mg.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydrocodone/acetaminophen (Norco tablets) 325;10mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioid Page(s): 81. Decision based on Non-MTUS Citation Opioids Treatment Guidelines from the American Pain Society, American Academy of Pain Medicine.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-82.

Decision rationale: The California MTUS Guidelines state a therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. Ongoing review and

documentation of pain relief, functional status, appropriate medication use, and side effects should occur. The injured worker has utilized Norco 10/325 mg since 09/2013 without any evidence of objective functional improvement. There is also no frequency or quantity listed in the current request. As such, the request for Hydrocodone/acetaminophen (Norco tablets) 325;10mg is non-certified.

Methadone (Dolophine Hydrochloride Tablet) - 10mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids. Decision based on Non-MTUS Citation Food and Drug Administration.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 61-62.

Decision rationale: The California MTUS Guidelines state methadone is recommended as a second line drug for moderate to severe pain if the potential benefit outweighs the risk. As per the documentation submitted, the injured worker has utilized methadone 10 mg since 09/2013 without any evidence of objective functional improvement. There is also no frequency or quantity listed in the current request. As such, the request for Methadone (Dolophine Hydrochloride Tablet) - 10mg is non-certified.

Zolpidem (Ambien Tablet, Film Coated) - 10mg: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain (Chronic) Chapter, Food and Drug Administration (FDA) (<http://www.drugs.com/pro/ambien.html>).

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

Decision rationale: The Official Disability Guidelines state insomnia treatment is recommended based on etiology. Ambien is indicated for the short-term treatment of insomnia with difficulty of sleep onset for 7 to 10 days. The injured worker does not maintain a diagnosis of insomnia or sleep disorder. There is no documentation of a failure to respond to non-pharmacologic treatment prior to the initiation of a prescription product. There is also no frequency or quantity listed in the current request. As such, the request for Zolpidem (Ambien Tablet, Film Coated) - 10mg is non-certified.

Amitriptyline (Amitriptyline Hydrochloride Tablets 25 mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines antidepressant. Decision based on Non-MTUS Citation Official Disability Guidelines Mental Illness and Stress Chapter.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 13-16.

Decision rationale: The California MTUS Guidelines state amitriptyline is recommended for neuropathic pain. The injured worker has utilized amitriptyline since 02/2014 without any evidence of objective functional improvement. There is also no frequency or quantity listed in the current request. As such, the request for Amitriptyline (Amitriptyline Hydrochloride Tablets 25 mg is non-certified.