

Case Number:	CM14-0062943		
Date Assigned:	07/11/2014	Date of Injury:	10/09/1996
Decision Date:	08/18/2014	UR Denial Date:	04/17/2014
Priority:	Standard	Application Received:	05/05/2014

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 and Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in Texas and Oklahoma. 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 54-year-old male who reported an injury on 10/09/1996. The mechanism of injury was not stated. Current diagnoses include status post right shoulder rotator cuff repair and lumbar spondylolisthesis. The injured worker was evaluated on 12/30/2013 with complaints of right shoulder and lower back pain. Current medications include Butrans patch 10 mcg, Tylenol with codeine #4, Ambien 10 mg, Celebrex 200 mg, and Nexium 20 mg. Physical examination revealed no acute distress, limited right shoulder range of motion, crepitus, and negative impingement sign. Treatment recommendations at that time included continuation of the current medication regimen.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tylenol with Codeine #4, QTY: 240 with 5 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 35.

Decision rationale: California MTUS Guidelines state codeine is recommended as an option for mild to moderate pain as indicated. As per the documentation submitted, the patient has continuously utilized Tylenol with codeine #4 for an unknown duration. There is no evidence of objective functional improvement. There is also no frequency listed in the current request. As such, the request for Tylenol with Codeine #4, quantity 240 with 5 refills is not medically necessary and appropriate.

Ambien 10 mg. #30 with 5 refills: 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 & Workman's Compensation (TWC): Pain Procedure Summary; Mosby's Drug Consult.

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: 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 disturbance. The medical necessity for the requested medication has not been established. Furthermore, there is also no frequency listed in the current request. As such, the request for Ambien 10 mg. #30 with 5 refills is not medically necessary and appropriate.

Nexium 20 mg. #30 with 5 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Non-steroidal anti-inflammatory drugs (NSAIDs)Gastrointestinal symptoms and cardiovascular risk.

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

Decision rationale: The California MTUS Guidelines state proton pump inhibitors are recommended for patients at intermediate or high risk for gastrointestinal events. Patients with no risk factor and no cardiovascular disease do not require the use of a proton pump inhibitor. There is no documentation of cardiovascular disease or increased risk factors for gastrointestinal events. There is also no frequency listed in the current request. As such, the request for Nexium 20 mg. #30 with 5 refills is not medically necessary and appropriate.

Celebrex 200 mg. # 30 with 5 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Non-steroidal anti-inflammatory drugs (NSAIDs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 67-72.

Decision rationale: California MTUS Guidelines state that Celebrex is indicated for the relief of signs and symptoms of osteoarthritis, rheumatoid arthritis, and ankylosing spondylitis. The injured worker does not maintain any of the above mentioned diagnoses. There is also no frequency listed in the current request. Therefore, the request for Celebrex 200 mg. # 30 with 5 refills is not medically necessary and appropriate.

Butrans 10 mcg patch #4 with 3 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 26-27.

Decision rationale: The California MTUS Guidelines state buprenorphine is recommended for treatment of opiate addiction. It is also recommended as an option for chronic pain after detoxification in patients who have a history of opiate addiction. As per the documentation submitted, there is no evidence of a previous detoxification or narcotic dependency. The medical necessity for the requested medication has not been established. There is also no frequency listed in the current request. As such, the request for Butrans 10 mcg patch #4 with 3 refills is not medically necessary and appropriate.