

Case Number:	CM14-0095774		
Date Assigned:	07/25/2014	Date of Injury:	01/24/2012
Decision Date:	09/09/2014	UR Denial Date:	06/05/2014
Priority:	Standard	Application Received:	06/24/2014

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 Anesthesiology, has a subspecialty in Pain Management, 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:

According to the records made available for review, this is a 49-year-old male with a 1/24/12 date of injury. There is documentation of pain in the neck and right shoulder, tenderness over the posterior aspect of the neck with spasm, positive Neer's test and Hawkins's test, and normal sensory tests on right upper extremity. Current diagnoses include C5-6 and C6-7 disc protrusion with right sided C6 radiculopathy and right shoulder labral tear, and treatment to date has been medications, including ongoing treatment with Ambien since at least 4/22/13, Vicodin, Flexeril, Naproxen, and Protonix, physical therapy, and cortisone injections.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ambien 5mg #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 Pain Chapter.

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, Zolpidem.

Decision rationale: The MTUS does not address this issue; however, the Official Disability Guidelines state that Ambien (zolpidem) is a prescription short-acting nonbenzodiazepine

hypnotic, which is approved for the short-term (usually two to six weeks) treatment of insomnia. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. Within the medical information available for review, there is documentation of diagnoses of C5-6 and C6-7 disc protrusion with right sided C6 radiculopathy and right shoulder labral tear. In addition, there is documentation of ongoing treatment with Ambien. However, there is no documentation of insomnia. In addition, given documentation of records reflecting prescriptions for Zolpidem since at least 4/22/13, there is no documentation of the intention to treat over a short course (less than two to six weeks). Furthermore, there is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of Ambien use to date. Therefore, based on guidelines and a review of the evidence, the request is not medically necessary.

Percocet 10/325 #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 92, 76-80, 124.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-80.

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines necessitate documentation that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; and there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects, as criteria necessary to support the medical necessity of opioids. Within the medical information available for review, there is documentation of diagnoses of C5-6 and C6-7 disc protrusion with right sided C6 radiculopathy and right shoulder labral tear. However, there is no documentation that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; and there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Therefore, based on guidelines and a review of the evidence, the request is not medically necessary.

Vimovo 500/20mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Nonselective NSAIDS Page(s): 73, 68-69.

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

Decision rationale: The MTUS does not address this issue. The Official Disability Guidelines identifies documentation of signs and symptoms of osteoarthritis, rheumatoid arthritis, and ankylosing spondylitis while decreasing the risk for NSAID-related gastric ulcers in susceptible

patients, as criteria necessary to support the medical necessity of Vimovo. Within the medical information available for review, there is documentation of diagnoses of C5-6 and C6-7 disc protrusion with right sided C6 radiculopathy and right shoulder labral tear. However, there is no documentation of signs and symptoms of osteoarthritis, rheumatoid arthritis, and ankylosing spondylitis. In addition, despite documentation of ongoing treatment with NSAIDs, there is no documentation of the need for decreasing the risk for NSAID-related gastric ulcers. Therefore, based on guidelines and a review of the evidence, the request is not medically necessary.