

Case Number:	CM14-0176144		
Date Assigned:	10/29/2014	Date of Injury:	10/09/2012
Decision Date:	01/29/2015	UR Denial Date:	10/03/2014
Priority:	Standard	Application Received:	10/23/2014

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 Emergency 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 41 year-old female, who sustained an injury on October 9, 2012. The mechanism of injury occurred from an assault by a client. Diagnostics have included: March 31, 2014 left shoulder MRI reported as showing superior labrum fraying. Treatments have included: left shoulder surgery 2013, medications, physical therapy. The current diagnoses are: cervical strain/sprain, lumbar strain/sprain, left shoulder impingement, s/p left shoulder arthroscopy, carpal tunnel syndrome. The stated purpose of the request for Roxicet 5/325mg Qty: 60 were to provide the request for Roxicet 5/325mg Qty: 60 were modified for QTY # 30 on October 3, 2014. The stated purpose of the request for Ibuprofen 800mg Qty: 180 were to provide the request for Ibuprofen 800mg Qty: 180 were modified for QTY # 90 on October 3, 2014. The stated purpose of the request for Lunesta 2mg Qty: 60 were to provide the request for Lunesta 2mg Qty: 60 were denied on October 3, 2014, citing a lack of documentation of insomnia. The stated purpose of the request for Tramadol 50mg Qty: 180 were to provide the request for Tramadol 50mg Qty: 180 were denied on October 3, 2014, citing a lack of documentation of medical necessity for this medication in addition to Rocket. Per the report dated September 25, 2014, the treating physician noted complaints of pain to the head, upper back and bilateral shoulders, lumbar spine and left hand. Exam findings included left shoulder positive Neer and Hawkins tests with tenderness and limited range of motion, and left wrist positive Tinel and Phalen signs.

IMR ISSUES, DECISIONS AND RATIONALES

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

Roxicet 5/325mg Qty: 60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 80.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, On-Going Management and opioids for Chronic Pain Page(s): 78-82.

Decision rationale: The requested Roxicet 5/325mg Qty: 60, is not medically necessary. CA MTUS Chronic Pain Treatment Guidelines, Opioids, On-Going Management, Pages 78-80, Opioids for Chronic Pain, Pages 80-82 recommend continued use of this opiate for the treatment of moderate to severe pain, with documented objective evidence of derived functional benefit, as well as documented opiate surveillance measures. The injured worker has pain to the head, upper back and bilateral shoulders, lumbar spine and left hand. The treating physician has documented left shoulder positive Neer and Hawkins tests with tenderness and limited range of motion, and left wrist positive Tinel and Phalen signs. The treating physician has not documented VAS pain quantification with and without medications, duration of treatment, objective evidence of derived functional benefit such as improvements in activities of daily living or reduced work restrictions or decreased reliance on medical intervention, nor measures of opiate surveillance including an executed narcotic pain contract or urine drug screening. The criteria noted above not having been met, Roxicet 5/325mg Qty: 60 is not medically necessary.

Ibuprofen 800mg Qty: 180: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory medications Page(s): 22.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory medications Page(s): 22.

Decision rationale: The requested Ibuprofen 800mg Qty: 180, is not medically necessary. California's Division of Worker's Compensation "Medical Treatment Utilization Schedule" (MTUS), Chronic Pain Medical Treatment Guidelines, Pg. 22, Anti-inflammatory medications note "For specific recommendations, see NSAIDs (non-steroidal anti-inflammatory drugs). Anti-inflammatories are the traditional first line of treatment, to reduce pain so activity and functional restoration can resume, but long-term use may not be warranted." The injured worker has pain to the head, upper back and bilateral shoulders, lumbar spine and left hand. The treating physician has documented left shoulder positive Neer and Hawkins tests with tenderness and limited range of motion, and left wrist positive Tinel and Phalen signs. The treating physician has not documented current inflammatory conditions, duration of treatment. Derived functional improvement from its previous use, nor hepatorenal lab testing. The criteria noted above not having been met, Ibuprofen 800mg Qty: 180 is not medically necessary.

Lunesta 2mg Qty: 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, Insomnia treatment: Eszopicolone (Lunesta)

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

Decision rationale: The requested Lunesta 2mg Qty: 60, is not medically necessary. CA MTUS is silent and ODG - Pain, Eszopicolone (Lunesta), Insomnia treatment, noted that it is "Not recommended for long-term use"; and "Pharmacological agents should only be used after careful evaluation of potential causes of sleep disturbance. Failure of sleep disturbance to resolve in a 7 to 10 day period may indicate a psychiatric and/or medical illness." The injured worker has pain to the head, upper back and bilateral shoulders, lumbar spine and left hand. The treating physician has documented left shoulder positive Neer and Hawkins tests with tenderness and limited range of motion, and left wrist positive Tinel and Phalen signs. The treating physician has not documented details of current insomnia not sleep hygiene modification attempts, nor rule out other causes of insomnia. The criteria noted above not having been met, Lunesta 2mg Qty: 60 is not medically necessary.

Tramadol 50mg Qty: 180: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 80.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, On-Going Management and opioids for Chronic Pain, Tramadol Page(s): 78-82, 113.

Decision rationale: The requested Tramadol 50mg Qty: 180, is not medically necessary. CA MTUS Chronic Pain Treatment Guidelines, Opioids, On-Going Management, Pages 78-80, Opioids for Chronic Pain, Pages 80-82, and Tramadol, Page 113, do not recommend this synthetic opioid as first-line therapy, and recommend continued use of opiates for the treatment of moderate to severe pain, with documented objective evidence of derived functional benefit, as well as documented opiate surveillance measures. The injured worker has pain to the head, upper back and bilateral shoulders, lumbar spine and left hand. The treating physician has documented left shoulder positive Neer and Hawkins tests with tenderness and limited range of motion, and left wrist positive Tinel and Phalen signs. The treating physician has not documented: failed first-line opiate trials, VAS pain quantification with and without medications, duration of treatment, objective evidence of derived functional benefit such as improvements in activities of daily living or reduced work restrictions or decreased reliance on medical intervention, nor measures of opiate surveillance including an executed narcotic pain contract nor urine drug screening. The criteria noted above not having been met, Tramadol 50mg Qty: 180 is not medically necessary.