

Case Number:	CM14-0197082		
Date Assigned:	12/05/2014	Date of Injury:	08/12/2011
Decision Date:	01/16/2015	UR Denial Date:	11/20/2014
Priority:	Standard	Application Received:	11/24/2014

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 Physical Medicine and Rehabilitation, has a subspecialty in Pain Medicine, Spinal Cord Medicine and is licensed to practice in Massachusetts. 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 claimant is a 50 year-old female who has a history of a work injury occurring on 08/12/11 when, while working as a cashier and refilling a soda machine, she tripped and fell and sustained injuries to her neck and low back. She has not worked since January 2012. Treatments included physical therapy. There was temporary benefit with acupuncture. She was seen on 03/18/14. She was having constant low back pain radiating into the legs with numbness and tingling, low back spasms, and difficulty sleeping. Physical examination findings included lumbar paraspinal muscle tenderness and muscle spasms. She had decreased lumbar range of motion. Straight leg raising was positive on the right side. Authorization for cervical and lumbar epidural steroid injections was requested. Tramadol, hydrocodone, Tizanidine, Zolpidem, omeprazole, and Naprosyn were being prescribed. Urine drug screening was performed. She underwent right shoulder arthroscopic surgery on 06/23/14. On 06/30/14 she was seen for a postoperative evaluation. Pain was rated at 9/10. She was participating in chiropractic and acupuncture treatments which were not helping. Medications included hydrocodone and Tramadol which also were not helping much. Hydrocodone/acetaminophen 10/325 mg #90 and Ultram 50 mg #60 were prescribed. She was seen by the requesting provider on 10/21/14. She was having ongoing radiating low back pain with lower extremity weakness. Physical examination findings included an antalgic gait. She was uncomfortable appearing. She had lumbar paraspinal muscle tenderness with muscle spasms and decreased range of motion. There was decreased left lower extremity strength and a positive left straight leg raise. Medications were refilled. Urine drug screening was performed on 10/26/14. Lumbar epidural steroid injections were performed on 11/05/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydrocodone 10/325mg 1 refill: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use, Opioids, dosing Page(s): 76-80, 86.

Decision rationale: The claimant is more than 3 years status post work-related injury and underwent right shoulder arthroscopic surgery in June 2014. Medications include hydrocodone and tramadol without apparent significant benefit. The claimant has not returned to work. Hydrocodone/acetaminophen is a short acting combination opioid often used for intermittent or breakthrough pain. In this case, it is being prescribed as part of the claimant's ongoing management. Although there are no identified issues of abuse or addiction, there is poor pain control and the claimant is not currently working. The claimant meets criteria for discontinuing opioid medication and therefore continued prescribing of hydrocodone/acetaminophen was not medically necessary.

Tizanidine #60 with 1 refill: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 63-66.

Decision rationale: The claimant is more than 3 years status post work-related injury and underwent right shoulder arthroscopic surgery in June 2014. Medications include Tizanidine being prescribed on a long term basis. Tizanidine is a centrally acting alpha 2-adrenergic agonist that is FDA approved for the management of spasticity and prescribed off-label when used for low back pain. Short-term use is recommended. In this case, Tizanidine is being prescribed on a long-term basis. It is therefore not medically necessary.

Zolpidem 10mg #60 with 1 refill: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain, Zolpidem and Mental Illness & Stress; Insomnia and Insomnia treatment..

Decision rationale: The claimant is more than 3 years status post work-related injury and underwent right shoulder arthroscopic surgery in June 2014. Medications include Zolpidem being prescribed on a long term basis. Zolpidem is a prescription short-acting nonbenzodiazepine

hypnotic, which is approved for the short-term (usually two to six weeks) treatment of insomnia and is rarely recommended for long-term use. It can be habit-forming, and may impair function and memory and may increase pain and depression over the long-term. The treatment of insomnia should be based on the etiology and pharmacological agents should only be used after careful evaluation of potential causes of sleep disturbance. In this case, the nature of the claimant's sleep disorder is not provided. There is no assessment of factors such as sleep onset, maintenance, quality, or next-day functioning. Whether the claimant has primary or secondary insomnia has not been determined. Therefore, Zolpidem was not medically necessary.

Naproxen 500mg #60 1 refill: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, specific drug list & adverse effects Page(s): 73.

Decision rationale: The claimant is more than 3 years status post work-related injury and underwent right shoulder arthroscopic surgery in June 2014. Oral NSAIDS (non-steroidal anti-inflammatory medications) are recommended for treatment of chronic persistent pain. Dosing of naproxen is 275- 550 mg twice daily and the maximum daily dose should not exceed 1100 mg. In this case, the requested dose is in within guideline recommendations and therefore medically necessary.