

Case Number:	CM14-0198807		
Date Assigned:	12/09/2014	Date of Injury:	09/27/2003
Decision Date:	01/22/2015	UR Denial Date:	11/12/2014
Priority:	Standard	Application Received:	11/26/2014

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 Internal 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 (IW) is a 43-year-old man with a date of injury of September 27, 2003. The mechanism of injury was not documented in the medical record. The current diagnoses are chronic cervical musculoligamentous sprain/strain with 3 mm herniation per MRI study; lumbar disc annular tear; anterior cervical fusion decompression of the cervical spine; left shoulder posterior labral tear; left shoulder subacromial impingement and rotator cuff tendinitis; bilateral chondromalacia patella; status post fall injury to the right shoulder, January 20, 2011; right shoulder arthroscopic subacromial decompression; status post left knee arthroscopic surgery with medial meniscus repair, September 2003 with residual chondromalacia patella and osteoarthritis; L4-L5 and L5-S1 annular tears with 2 to 3 mm disc protrusions per MRI study of December 19, 2013; and gastropathy secondary to medications. Pursuant to the Primary Treating Physician's Progress Report dated October 20, 2014, the IW complains of persistent pain in the lower back rated 6/10, which is frequent. Left shoulder pain is 5/10, which is frequent. The pain is made better with medications. The IW takes Ambien, Motrin, Prilosec, Flexeril, Norco (Hydrocodone/APAP), and Tramadol. Medications bring his pain down to 3/10, and allow him to continue working and perform activities. The IW is currently working. Documentation indicated that the IW has been taking Norco since at least May 5, 2014, which is the earliest progress note in the medical record. There were no detailed pain assessments or documentation of objective functional improvement associated with the use of Norco. The IW has been taking Ambien since August of 2014. There were no subjective or objective documentation from the primary treating physician regarding sleep quality or insomnia. Physical examination of the cervical spine reveals decreased range of motion (ROM). There was tenderness over the trapezius and paravertebral muscles equally. Examination of the left shoulder reveals significant decreased ROM. There was tenderness noted over the acromioclavicular joint. Examination of the bilateral knees reveals

decreased ROM. There was tenderness noted over the medial and lateral joint lines bilaterally. The treatment plan includes authorization request for pain management. The current request is for a urine toxicology screen, Ambien 5mg #30, and Norco 7.5/325mg #120.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Urine Toxicology Screen: 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)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): Pain Section, Urine Drug Screen

Decision rationale: Urine drug screening is recommended as a tool to monitor compliance with prescribed substances, identify use of undisclosed substances and encumber diversion of prescribed substances. The test should be used in conjunction with other clinical information when decisions are to be made to continue, adjust or discontinue treatment. The frequency of urine drug testing is determined by whether the injured worker is a low risk, intermediate or high risk for drug misuse or abuse. In this case, the date/year of injury is 2003. The injured worker's working diagnoses are chronic cervical musculoligamentous sprain/strain; lumbar disc annular tear; anterior cervical fusion decompression cervical spine; left shoulder posterior labral tear; left shoulder subacromial impingement and rotator cuff tendinitis; bilateral chondromalacia patella; status post fall/injury to the right shoulder; right shoulder arthroscopic subacromial decompression; status post left knee arthroscopic surgery with meniscal repair; L4 - L5 and L5 - S1 annular tears; and gastropathy secondary to medication intake. The documentation indicates the treating physician ordered a urine drug screen to monitor for compliance. There is no documentation in the medical record indicating whether the injured worker is a low risk, intermediate, or high risk individuals for drug misuse or abuse. Consequently, absent the appropriate clinical indication (not a simple random UDS), one urine drug screen is not medically necessary.

Ambien 5mg #30: 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)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Pain Section, Ambien (Zolpidem)

Decision rationale: Ambien (Zolpidem) is a short acting non-benzodiazepine hypnotic which is recommended for short-term (7 to 10 days) treatment of insomnia. See the official disability guidelines for details. In this case, the date/year of injury is 2003. The injured worker's working

diagnoses are chronic cervical musculoligamentous sprain/strain; lumbar disc annular tear; anterior cervical fusion decompression cervical spine; left shoulder posterior labral tear; left shoulder subacromial impingement and rotator cuff tendinitis; bilateral chondromalacia patella; status post fall/injury to the right shoulder; right shoulder arthroscopic subacromial decompression; status post left knee arthroscopic surgery with meniscal repair; L4- L5 and L5 - S1 annular tears; and gastropathy secondary to medication intake. The documentation in the medical record indicates the treating physician has prescribed Ambien 5 mg as far back as August 27, 2014 according to the progress note. There is documentation from a qualified medical examination (QME) that indicates the injured worker may suffer from sleep apnea and the injured worker does have some difficulty sleeping. However, there is no documentation from the primary treating physician. Additionally Ambien is indicated for 7 to 10 days. The treating physician has clearly exceeded the recommended 7 to 10 days of treatment for insomnia. Consequently, absent the appropriate clinical indication and the 7 to 10 day short term use, Ambien 5 mg #30 is not medically necessary.

Norco 7.5/325mg #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opiates Page(s): 74-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Pain Section, Opiates

Decision rationale: Ongoing, chronic opiate use requires an ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. A detailed pain assessment should accompany chronic opiate use. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function or improve quality of life. The lowest possible dose should be prescribed to improve pain and function. In this case, the date/year of injury is 2003. The injured workers working diagnoses are chronic cervical musculoligamentous sprain/strain; lumbar disc annular tear; anterior cervical fusion decompression cervical spine; left shoulder posterior labral tear; left shoulder subacromial impingement and rotator cuff tendinitis; bilateral chondromalacia patella; status post fall/injury to the right shoulder; right shoulder arthroscopic subacromial decompression; status post left knee arthroscopic surgery with meniscal repair; L4- L5 and L5 - S1 annular tears; and gastropathy secondary to medication intake. The documentation indicates the treating physician prescribed Norco 7.5/325 mg as far back as May 5, 2014. The May 5, 2014 progress note is the earliest progress note in the medical record. Therefore it is unclear whether the injured worker was taking Norco 7.5/325 mg prior to that date and for how long prior to that date. Additionally, there is no documentation in the medical record indicating objective functional improvement with the long-term use of Norco 7.5/325 mg. Consequently, absent the appropriate documentation with objective functional improvement and detailed pain assessments, Norco 7.5/325 mg #120 is not medically necessary.