

Case Number:	CM14-0093068		
Date Assigned:	07/25/2014	Date of Injury:	02/22/2010
Decision Date:	02/23/2015	UR Denial Date:	06/09/2014
Priority:	Standard	Application Received:	06/19/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California, Washington

Certification(s)/Specialty: Physical Medicine & Rehabn, Pain Management

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 52-year-old female who reported an injury on 02/26/2010. The injured worker was diagnosed with complex regional pain syndrome, left shoulder neuropathic pain syndrome, chronic neck pain, bilateral lateral epicondylitis, right ulnar nerve irritation, possible cubital tunnel syndrome, status post left shoulder surgeries included labral debridement and subacromial decompression and Mumford procedure, status post right shoulder subacromial decompression and Mumford procedure, residual right shoulder pain, and right elbow lateral and medial epicondylar pain/chronic inflammation. Previous treatments included a TENS unit and ganglion block. No pertinent diagnostic studies were submitted. Surgical history included bilateral shoulder surgeries. The injured worker was seen on 06/23/2014 for re-evaluation. Subjective complaints included severe pain in the shoulder areas and upper extremities, worse on the left than the right, in addition to severe pain involving the right elbow. The injured worker reported she had a positive, but short term reduction in neuropathic pain, after a sympathetic ganglion nerve block. The injured worker reported activities were limited. Objective findings revealed decreased range of motion to the bilateral upper extremities and hypersensitivity and tenderness involving the right elbow. The injured worker underwent a preliminary urine drug screen during that visit. A pain management agreement was also signed. The treatment plan stated the injured worker used Vicodin 5 mg 2 to 3 times per day and Ambien at night time. The injured worker also applied Lidoderm over the left shoulder around the clock and over the right elbow. The injured worker was recommended continuation of medication.

IMR ISSUES, DECISIONS AND RATIONALES

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

Zolpidem 10mg tablet, take 1 tablet every day, #30: Upheld

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

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

Decision rationale: The request is not medically necessary. C MTUS/ACOEM does not address the request. The Official Disability Guidelines recommend the use of Ambien for short term treatment of insomnia with difficulty of sleep onset for 7 to 10 days. Documentation submitted showed evidence of the injured worker using zolpidem 10 mg for longer than 10 days. Also, efficacy of the medication was not submitted. Medical necessity is not substantiated.

Hydrocodone 5/325mg tablet, take 1 tablet every day, #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78-80, 91.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioid Ongoing Management Page(s): 78.

Decision rationale: The request is not medically necessary. The documentation submitted did not show evidence of a decrease in the injured worker's pain, increase in the injured worker's function or discussion of side effects. Medical necessity is not substantiated.

Lidoderm 5% (700mg/patch), apply 1 patch every day by transdermal, #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111,112.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 112.

Decision rationale: The request is not medically necessary. The guidelines do recommend the use of Lidoderm patches for neuropathic pain. However, the documentation indicated the injured worker was using a Lidoderm patch for the shoulder and elbow. However, the documentation did not show a decrease in the injured worker's symptoms to warrant continuation of use. The physical examination findings also did not reveal decreased sensation in the shoulder area to warrant use of a Lidoderm patch. In addition, the guidelines do not recommend the use of Lidoderm patches for non-neuropathic pain. Medical necessity is not substantiated.