MAXIMUS Federal Services

Case Number:	CM15-0019627		
Date Assigned:	02/09/2015	Date of Injury:	07/23/2012
Decision Date:	04/07/2015	UR Denial Date:	01/02/2015
Priority:	Standard	Application Received:	02/03/2015

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, Arizona
Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 50-year-old female who reported an injury on 07/23/2012. The mechanism of injury was unspecified. Her diagnoses include other affections of the shoulder region. Past treatments include medications and surgery. Her diagnoses include left carpal tunnel syndrome, bilateral shoulder tendinopathy, left shoulder impingement, cervical strain with mild discogenic disease, lumbar radiculitis, mild diffuse discogenic disease and associated mild foraminal encroachment, and status post right carpal tunnel release and right ulnar nerve decompression at Guyon's canal. On 11/18/2014, the injured worker complained of substantial left shoulder pain with stiffness and weakness. The physical examination revealed tenderness over the left carpal tunnel with positive provocative testing. Persistent numbness involving the right middle finger, although the remaining digits have normal sensation. It was also noted swelling over the AC joint and subdeltoid bursa with increased moderate tenderness. Her relevant medications included Motrin, Valium, Ambien, lisinopril, glipizide, labetalol, and Cozaar. The treatment plan included retrospective request for Lunesta # 30 and retrospective request for Ultracet 37.5/325 mg/tab, #60. The rationale is not provided. A Request for Authorization form was submitted on 11/18/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective request for Lunesta # 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 (ODG) Mental Illness & Stress.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24.

Decision rationale: The request for retrospective request for Lunesta # 30 is not medically necessary. The California MTUS Guidelines states benzodiazepines are not recommended for long-term use because long-term efficacy is unproven and there is a risk of dependence. The guidelines also state this medication should be limited to 4 weeks of use. The injured worker was indicated to have been on Lunesta for an unspecified duration of time. However, the guidelines do not recommend the use of benzodiazepines for long term use, as there is unproven efficacy and an increased risk for dependence. Furthermore, the guidelines indicate the use of the medication should be limited to 4 weeks. Based on the above, the request is not supported by the evidence based guidelines. As such, the request is not medically necessary.

Retrospective request for Ultracet 37.5/325 mg/tab, #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines On-going management Page(s): 78.

Decision rationale: The request for retrospective request for Ultracet 37.5/325 mg/tab, #60 is not medically necessary. According to the California MTUS Guidelines, ongoing monitoring of chronic pain patients on opioids: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or nonadherent) drug-related behaviors. The injured worker was indicated to have been on Ultracet for an unspecified duration of time. However, there was lack of documentation in regard to objective functional improvement, objective decrease in pain, evidence of monitoring for side effects, and aberrant drug related behaviors. Furthermore, there was lack of a current urine drug screen upon examination for review. In the absence of the above, the request is not supported by the evidence based guidelines. As such, the request is not medically necessary.