

Case Number:	CM15-0140992		
Date Assigned:	07/30/2015	Date of Injury:	02/05/2010
Decision Date:	09/23/2015	UR Denial Date:	07/08/2015
Priority:	Standard	Application Received:	07/20/2015

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: Texas, New York, California
 Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 applicant is a represented 55-year-old who has filed a claim for chronic neck, shoulder, and jaw pain reportedly associated with an industrial injury of February 5, 2010. In a Utilization Review report dated July 8, 2015, the claims administrator failed to approve a request for shoulder MRI imaging, cervical traction device, Norco, Ambien, and Flexeril. The claims administrator referenced a March 16, 2015 RFA form and an associated progress note of the same date in its determination. The applicant's attorney subsequently appealed. On March 16, 2015, the applicant reported ongoing complaints of neck, arm, and shoulder pain. The applicant's functionality was described as "slowly deteriorating." The attending provider stated in one section that the applicant's pain complaints were reduced from 8 to 9/10 without usage of a TENS unit to 6/10 with usage of TENS unit. The note was very difficult to follow and mingles historical issues with current issues. The applicant's medication list reportedly included Norco, Flexeril, Ambien, and Voltaren gel. The attending provider stated that the applicant's pain scores were reduced from 10/10 without medications to 8/10 with medications. The attending provider contented that the applicant was using Ambien to ameliorate issues with insomnia. The attending provider contented that the applicant's ability to walk, sit, and stand had all been ameliorated because of ongoing medication consumption. The attending provider seemingly suggested that the applicant was not socializing and had limited lifting capacity, with and without medications. The applicant was unable to mow his lawn or do household chores, it was acknowledged. The applicant was placed off of work, on total temporary disability. The applicant was asked to consult an orthopedist. Shoulder MRI imaging was sought. The applicant was also asked to consult an orthopedic shoulder specialist. The applicant was described as having issues with

frozen shoulder versus rotator cuff pathology versus arthritis versus impingement syndrome versus a labral injury. Painful shoulder range of motion was appreciated. The attending provider apparently sought a shoulder MRI imaging as a precursor to pursuit of a shoulder surgery consultation.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of left shoulder: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 209.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 203.

Decision rationale: Yes, the proposed shoulder MRI was medically necessary, medically appropriate, and indicated here. As noted in the MTUS Guideline in ACOEM Chapter 9, Table 9-2, page 203, MRI imaging is recommended for diagnosis of adhesive capsulitis in individuals in whom the diagnosis is unclear. Here, the applicant did apparently have issues with adhesive capsulitis versus rotator cuff pathology versus impingement syndrome versus labral tear, the treating provider reported on March 16, 2015. The treating provider did state that the shoulder MRI imaging in question was endorsed as a precursor to pursuit of a shoulder surgery consultation. Moving forward with the MRI in question was, thus, indicated, as it did appear that the applicant was intent on acting on the results of study in question. Therefore, the request was medically necessary.

Pneumatic cervical traction unit: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 173.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 181, Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98.

Decision rationale: Conversely, the request for a cervical traction device was not medically necessary, medically appropriate, or indicated here. As noted in the MTUS Guideline in ACOEM Chapter 8, Table 8-8, page 191, traction, the modality at issue here, is deemed "not recommended." The attending provider further stated in her progress note of March 16, 2015 that she was intent on employing the traction device in conjunction with other passive modalities, including a cervical collar and an electrical stimulator. However, page 98 of the MTUS Chronic Pain Medical Treatment Guidelines stipulates that passive modalities, as a whole, should be employed "sparingly" during the chronic pain phase of the treatment. Here, thus, the request for a cervical traction device was at odds with both page 181 of ACOEM

Practice Guidelines and page 98 of the MTUS Chronic Pain Medical Treatment Guidelines. Therefore, the request was not medically necessary.

Norco 10/325mg #240: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 7) When to Continue Opioids Page(s): 80.

Decision rationale: Similarly, the request for Norco, a short acting opioid, was not medically necessary, medically appropriate, or indicated here. As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and/or reduced pain achieved as result of the same. Here, however, the applicant was off of work, on total temporary disability, as of the date in question, March 16, 2015. While the attending provider did recount a low-grade reduction in pain scores from 10/10 without medications to 8/10 with medications, these reports were, however, outweighed by the applicant's failure to return to work and the applicant's continued difficulty to perform activities as basic as sitting, standing, mowing his lawn, and lifting, and/or doing basic household chores, with and/or without medications. Therefore, the request was not medically necessary.

Ambien 10mg #25: 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, Insomnia treatment.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional Restoration Approach to Chronic Pain Management Page(s): 7-8. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Illness & Stress, Zolpidem (Ambien) and Other Medical Treatment Guidelines U.S. Food and Drug Administration. Ambien is indicated for the short-term treatment of insomnia characterized by difficulties with sleep initiation. Ambien has been shown to decrease sleep latency for up to 35 days in controlled clinical studies.

Decision rationale: Similarly, the request for Ambien, a sleep aid, was likewise not medically necessary, medically appropriate, or indicated here. Pages 7 and 8 of the MTUS Chronic Pain Medical Treatment Guidelines stipulates that an attending provider using a drug for non-FDA labeled purposes has the responsibility to be well informed regarding the usage of the same, and should, furthermore, furnish compelling evidence to support such usage. The Food and Drug Administration (FDA) notes, however, that Ambien is indicated in the short-term treatment of insomnia, for up to 35 days. ODG's Mental Illness and Stress Chapter Zolpidem topic also notes that zolpidem or Ambien is recommended for short-term use purposes, but is not recommended for long-term use purposes. The renewal request for Ambien at issue, thus, in effect ran counter

to both the FDA label and ODG position on zolpidem. The attending provider failed to furnish a clear or compelling rationale or medical evidence, which would support such usage in the face of the FDA label against long-term usage of the Ambien. Therefore, the request was not medically necessary.

Flexeril 10mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril), Muscle relaxants (for pain) Page(s): 63-64.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril) Page(s): 41.

Decision rationale: Finally, the request for Flexeril (Cyclobenzaprine) was likewise not medically necessary, medically appropriate, or indicated here. As noted on page 41 of the MTUS Chronic Pain Medical Treatment Guidelines, addition of Cyclobenzaprine or Flexeril to other agents is not recommended. Here, the applicant was, in fact, using a variety of other agents, including Ambien, Norco, etc. Addition of Cyclobenzaprine or Flexeril to the mix was not recommended. It is further noted that the 30-tablet supply of Flexeril (Cyclobenzaprine) at issue represents treatment in excess of the "short course of therapy" for which Cyclobenzaprine (Flexeril) was recommended, per page 41 of the MTUS Chronic Pain Medical Treatment Guidelines. Therefore, the request was not medically necessary.