

Case Number:	CM15-0147818		
Date Assigned:	08/10/2015	Date of Injury:	05/29/2012
Decision Date:	09/16/2015	UR Denial Date:	07/02/2015
Priority:	Standard	Application Received:	07/29/2015

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: North Carolina, Georgia
 Certification(s)/Specialty: Family Practice

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 57 year old male who sustained an industrial injury on 5-27-12 when 30 pound boxes were accidentally dropped on him causing him to fall back landing on his back and head. He had immediate mid and low back pain and pain at the back of his head and was dizzy. He was medically evaluated and the next day developed right shoulder pain and then left groin pain. He currently complains of daily right sided headaches; problem with short term memory; morning dizziness; decreased hearing; constant neck pain with occasional radiation to both shoulders (4-6 out of 10); constant bilateral shoulder pain, right greater than left (4-7 out of 10); constant left inguinal pain 95-8 out of 10); constant low back pain radiating down sides of both legs to the knees, left greater than right (4-8 out of 10); constipation. On physical exam he had problem doing tandem stance and gait, modified Dix-Hallpike maneuver was positive turning to the right; the cervical spine showed decreased range of motion, tenderness on palpation, Spurling test to the right causes left neck pain, to the left causes left neck pain. Medications were Norco, Topamax, Prilosec, ranitidine, naproxen. The drug screen dated 6-16-15 was inconsistent with prescribed medications. Diagnoses include right shoulder rotator cuff tendinosis, status post arthroscopic subacromial decompression and rotator cuff repair (5-16-14); cervical and lumbar spine myoligamentous injury; post traumatic headaches, rule out traumatic brain injury; lumbar spine herniated nucleus pulposus; sleep difficulties; stress; anxiety; depression; status post right shoulder arthroscopic subacromial decompression, removal of loose bodies and manipulation under anesthesia (12-15-12). Treatments to date include medications; physical therapy; manipulative therapy; right shoulder injections offering temporary relief; extracorporeal shockwave therapy; acupuncture to the neck with transient relief; balance therapy makes him worse; cervical facet rhizotomy (3-19-15) with some relief. Diagnostics include MRI of the brain

(6-26-13) showing ischemic changes or vasculitis; MRI of the brain (7-5-12) unremarkable; MRI of the lumbar spine (7-5-12) showing disc herniation with facet arthropathy; MRI of the cervical spine (7-5-12) showing foraminal stenosis, degenerative disc disease; MRI of the right shoulder (8-29-12) showing tendinitis and osteoarthritis; MR arthrogram of the right shoulder (8-30-13) showing full thickness tear of the supraspinatus tendon; electromyography, nerve conduction velocity of the lumbar spine and both lower extremities and cervical spine and both upper extremities showing acute C6 radiculopathy on the right and acute L5 radiculopathy on the left; x-ray of the left shoulder (6-17-15) showed narrowing of the acromioclavicular joint. On 6-15-15, the treating provider requested Norco 10-325 mg #90; Isometh-Dich-Acet #60; Zantac 150 mg #60; Sonata 10 mg #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Section 2 Page(s): 74-89.

Decision rationale: CA MTUS allows for the use of opioid medication, such as Norco, for the management of chronic pain and outlines clearly the documentation that would support the need for ongoing use of an opioid. These steps include documenting pain and functional improvement using validated measures at 6 months intervals, documenting the presence or absence of any adverse effects, documenting the efficacy of any other treatments and of any other medications used in pain treatment. The medical record in this case does not use any validated method of recording the response of pain to the opioid medication or of documenting any functional improvement. It does not address the efficacy of concomitant medication therapy. Therefore, the record does not support the request for ongoing opioid therapy with Norco and is not medically necessary.

Isometh-Dich-Acet #60: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Up To Date Isometheptene, Acetaminophen and Dichloralphenazone.

Decision rationale: CA MTUS is silent on the use of isometheptene, Acetaminophen and Dichloralphenazone tablets. Up To Date states that these tablets may be used for tension or vascular headaches. The medication contains a boxed warning concerning risks for hepatotoxicity related to the acetaminophen component. The medical record indicates that the claimant is prescribed two combination products containing acetaminophen which increases the risk for hepatotoxicity. The record does not document a response to the medication. The use of Isometheptene, Acetaminophen and Dichloralphenazone is not medically necessary

Zantac 150mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Section 2 Page(s): 68.

Decision rationale: CA MTUS guidelines state that proton pump inhibitors should be considered for administration with anti-inflammatory medication if there is a high risk for gastrointestinal events. H2 blockers such as Zantac are not effective for this purpose. In this case, the medical record does not document any history to indicate a moderate or high risk for gastrointestinal events and does not document any other condition for which Zantac might be indicated. Zantac therefore is not medically necessary.

Sonata 10mg #60: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Pain, Insomnia treatment.

Decision rationale: The CA MTUS is silent on the use of Sonata. ODG addresses insomnia treatments in the section on pain. ODG states that treatment should be based on the etiology of the insomnia. Pharmacologic agents should be used only after a careful investigation for cause of sleep disturbance. Primary insomnia should be treated with pharmacologic agents while secondary insomnia may be treated with pharmacologic and/or psychological measures. It is important to address all four components of sleep, sleep onset, sleep maintenance, sleep quality and next day function. In this case, the medical records do not detail and specific diagnosis of insomnia or any behavioral interventions for insomnia. Therefore, there is no documentation of the medical necessity of treatment with Sonata and the UR denial is upheld. The request is not medically necessary.