MAXIMUS Federal Services

Case Number:	CM15-0210982		
Date Assigned:	10/29/2015	Date of Injury:	03/02/1999
Decision Date:	12/17/2015	UR Denial Date:	10/10/2015
Priority:	Standard	Application Received:	10/26/2015

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, California
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 74 year old male, who sustained an industrial injury on 3-2-99. Medical records indicate that the injured worker is undergoing treatment for other affections of the shoulder region, shoulder osteoarthritis unspecified, adhesive capsulitis of the shoulder, cervical facet arthropathy, flatback syndrome, cervical radiculopathy, cervicalgia, pain related insomnia and depression. The injured workers current work status was not indicated. On (10-7-15) the injured worker complained of chronic neck, shoulder and bilateral wrist and hand pain. The pain was rated 7-8 out of 10 without medications and 4 out of 10 with medications on the visual analog scale. Objective findings revealed cervical tenderness throughout the cervical spine and bilateral cervical paraspinal muscles regions. Range of motion was severely reduced in all planes. Examination of the shoulders revealed positive impingement signs in the left shoulder and range of motion was decreased bilaterally. Examination of the elbow, wrist and hands revealed minimal tenderness in the right lateral epicondyle. Tenderness to palpation was noted in the left wrist with a severely limited range of motion. The right wrist is fused. Flexion of the fingers of the right hand was reduced. Weakness and guarding of the right hand was present. The injured worker was noted to be averaging five hours of sleep a night with Sonata, whereas he only averages three hour of sleep each night without the medication. Treatment and evaluation to date has included medications, MRI, Computed Tomography scan, cervical radiofrequency ablation, physical therapy, corticosteroid injection, multiple cervical spine fusions, lumbar fusion, bilateral shoulder surgery, bilateral carpal tunnel release, multiple trigger finger releases, right wrist fusion and right ulnar nerve release, right TKR on 11/30/12. Medications tried and

failed includes Lyrica, Motrin, Naprosyn, Daypro, Lunesta, Fiorinal and Maxalt. Current medications include Oxycontin (since at least April of 2015), Sonata, and Lidocaine cream. The injured worker noted 40 percent improvement in pain with the use of medications. The medications allow the injured worker to perform activities of daily living including cooking, cleaning and self-care. The patient had MRI of the left wrist on 5/17/15 that revealed post surgical changes and ulnar impingement; MRI of the cervical spine on 12/1/14 that revealed post surgical changes and anterolisthesis; CT scan of the lumbar spine on 8/18/15 that revealed fusion, degenerative changes, spinal canal and foraminal stenosis. The patient has had history of tachycardia with Celebrex. The patient had UDS on 6/18/14 that was consistent. The patient has had history of pain related insomnia and depression. Per the note dated 6/2/15 on review of systems the patient had no anxiety, depression or sleep disturbances. A recent detailed psychiatric examination was not specified in the records provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

Sonata 10mg #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, Mental Illness and Stress, Insomnia treatment.

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 (updated 11/24/15) Insomnia treatment Sedative hypnotics Pain (updated 12/02/15) Insomnia treatment zaleplon.

Decision rationale: Sonata is used to treat insomnia. MTUS guideline does not specifically address this issue. Hence ODG used. Per the cited guidelines, "Recommend that treatment be based on the etiology, Pharmacological agents should only be used after careful evaluation of potential causes of sleep disturbance. Failure of sleep disturbance to resolve in a 7 to 10 day period may indicate a psychiatric and/or medical illness." Detailed evidence that a careful evaluation of the potential causes of sleep disturbance has been completed, (including possible psychiatric or medical illness) is not specified in the records provided. A detailed history of anxiety or insomnia was not specified in the records provided. Detailed evidence of trials of other measures for treatment of insomnia is not specified in the records provided. A detailed evaluation by a psychiatrist for stress related conditions is not specified in the records provided. Per the cited guideline, use of sedative hypnotics can be habit-forming, and it may impair function and memory more than opioid pain relievers. The medical necessity of the request for long-term use of Sonata 10mg #30 is not fully established in this patient.

Oxycontin 40mg #90: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use, Opioids, specific drug list, Weaning of Medications.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use.

Decision rationale: This is an opioid analgesic. criteria for ongoing management of opioids are: "The lowest possible dose should be prescribed to improve pain and function. Continuing review of the overall situation with regard to non-opioid means of pain control. Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects". On (10-7-15) the injured worker complained of chronic neck, shoulder and bilateral wrist and hand pain. Objective findings revealed tenderness and limited range of motion and positive impingement signs and weakness and guarding of the right hand was present. This 74 year old patient has had a history of multiple cervical spine fusions, lumbar fusion, bilateral shoulder surgery, right wrist fusion and right TKR on 11/30/12. The patient had a MRI of the left wrist on 5/17/15 that revealed post-surgical changes and ulnar impingement; MRI of the cervical spine on 12/1/14 that revealed post-surgical changes and anterolisthesis; CT scan of the lumbar spine on 8/18/15 that revealed fusion, degenerative changes, spinal canal and foraminal stenosis. Therefore, the patient has chronic pain along with significant abnormal objective findings. The injured worker noted 40 percent improvement in pain with the use of medications. The medications allow the injured worker to perform activities of daily living including cooking, cleaning and self-care. The patient had a UDS on 6/18/14 that was consistent. There is no evidence of aberrant behavior. The patient has had a trial of non-opioid medications including NSAIDs and anticonvulsant for this injury. This medication is deemed medically appropriate and necessary.