

Case Number:	CM15-0221666		
Date Assigned:	11/17/2015	Date of Injury:	12/12/2000
Decision Date:	12/30/2015	UR Denial Date:	10/19/2015
Priority:	Standard	Application Received:	11/11/2015

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, Indiana, New York
 Certification(s)/Specialty: Internal 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 injured worker is a 59 year old male, who sustained an industrial injury on 12-12-2000. A review of the medical records indicates that the injured worker is undergoing treatment for shoulder arthritis status post reverse total shoulder surgery. On 10-8-2015, the injured worker reported right shoulder arthritis status post reverse total shoulder with symptoms unchanged since previous visit, radiating pain, and current pain level a 3 on a scale of 0 to 10. The single submitted Treating Physician's report dated 10-8-2015, noted the injured worker reported the prescribed medication had unchanged his symptoms, improved with physical therapy. The injured worker's current medications were noted to include Singular, Lansoprazole, Calcium, Soma, Norco, Methocarbamol, Percocet, Ambien, and Xarelto. The physical examination was noted to show mild tenderness of the right shoulder scapula medial border. Prior treatments have included right shoulder surgeries. The treatment plan was noted to include continuation with Norco and Ambien and physical therapy evaluation and treatment. The request for authorization was noted to have requested Norco 10-325mg QTY: 30, Ambien 5mg tabs QTY: 30, and physical therapy 2x week x4 weeks. The Utilization Review (UR) dated 10-19-2015, modified the request for Norco 10-325mg QTY: 30 to certify 25 tablets, and non-certified the requests for Ambien 5mg tabs QTY: 30, and physical therapy 2x week x4 weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 2 x wk x 4 wks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine. Decision based on Non-MTUS Citation ACOEM Pain, Suffering and the Restoration of Function chapter 6 (page 114).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder section, Physical therapy.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, physical therapy two times per week times four weeks is not medically necessary. Patients should be formally assessed after a six visit clinical trial to see if the patient is moving in a positive direction, no direction or negative direction (prior to continuing with physical therapy). When treatment duration and/or number of visits exceeds the guideline, exceptional factors should be noted. In this case, the injured worker's working diagnosis is shoulder arthritis status post reverse total shoulder. Date of injury is December 12, 2000. Request for authorization is October 13, 2015. The medical record contains 20 pages and the injury is 15 years old. There is one progress note in the medical record dated October 8, 2015. According to the October 8, 2015 progress note, each worker follows up her right shoulder arthritis. Pain is 3/10. Medications include Ambien, Percocet, Norco, Soma and Methocarbamol. The injured worker takes two opiates and two muscle relaxants. The injury is a 15-year-old injury. The total number of physical therapy sessions to date is not specified. There is no documentation demonstrating objective functional improvement. There are no compelling clinical facts indicating additional physical therapy is clinically indicated. Based on clinical information in the medical record, peer-reviewed evidence-based guidelines, no prior documentation demonstrating objective functional improvement from prior physical therapy, and no compelling clinical facts indicating additional physical therapies clinically indicated, physical therapy two times per week times four weeks is not medically necessary.

Ambien 5mg tabs Qty: 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), Pain chapter - Ambien (FDA).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Ambien.

Decision rationale: Pursuant to the Official Disability Guidelines, Ambien 5 mg #30 is not medically necessary. Ambien (zolpidem) is a short acting non-benzodiazepine hypnotic recommended for short-term (7- 10 days) treatment of insomnia. While sleeping pills, so-called minor tranquilizers, and anti-anxiety agents are commonly prescribed in chronic pain, pain specialists rarely recommend them for will use. They can be habit forming and may impair

function and memory more than opiates. The dose for Ambien and women should be lowered from 10 mg to 5 mg for immediate release products and from 12.5 mg to 6.25 mg for extended-release products (Ambien CR). In this case, the injured worker's working diagnosis is shoulder arthritis status post reverse total shoulder. Date of injury is December 12, 2000. Request for authorization is October 13, 2015. The medical record contains 20 pages and the injury is 15 years old. There is one progress note in the medical record dated October 8, 2015. According to the October 8, 2015 progress note, each worker follows up her right shoulder arthritis. Pain is 3/10. Medications include Ambien, Percocet, Norco, Soma and Methocarbamol. The injured worker takes two opiates and two muscle relaxants. The injury is a 15-year-old injury. The treatment plan contains a refill for Ambien. The start date is not specified. Ambien is recommended for short-term (1-10 days). The treatment duration is not specified. There is no documentation demonstrating objective functional improvement to support ongoing Ambien. There are no compelling clinical facts to support the ongoing use of Ambien. Based on the clinical information medical record and peer-reviewed evidence-based guidelines, Ambien 5 mg #30 is not medically necessary.