

Case Number:	CM15-0031268		
Date Assigned:	02/24/2015	Date of Injury:	07/13/2011
Decision Date:	04/16/2015	UR Denial Date:	01/28/2015
Priority:	Standard	Application Received:	02/19/2015

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
Certification(s)/Specialty: Emergency 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 53 year old female, who sustained an industrial injury on 7/03/2011. The diagnoses have included cervicalgia and other and unspecified disorders of joint. Treatment to date has included surgical (right shoulder arthroscopy, with debridement of glenoid labrum, undersurface of rotator cuff, biceps tendon, and extensive synovectomy with open rotator cuff repair and decompression, subacromial on 1/07/2015) and conservative measures. Currently, the injured worker complains of shoulder pain, rated 5/10 with medications. She was documented as mostly doing good, but had a setback from overdoing it, and seemed a bit inflamed. Exam of the right upper extremity noted tenderness at the subacromial space and pain with restricted range of motion. Sleep pattern was not noted. Treatment plan on 1/06/2015, noted an increase to Tylenol #4, to help with surgical pain. She was unable to tolerate Norco, even in small doses. Current medications included Xanax, Tylenol #4, Ativan, Tylenol #3, and Lunesta. On 1/28/2015, Utilization Review modified a request for Lunesta 2mg #20 (with 1 refill) to Lunesta 2mg #20 (no refills), citing Non-MTUS Guidelines, non-certified a request for Tylenol #4 #60, citing MTUS Chronic Pain Medical Treatment Guidelines, and non-certified a request for APAP/ Codeine 300/60mg #90, citing MTUS Chronic Pain Medical Treatment Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lunesta 2mg #20 with 1 refill: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 399.

Decision rationale: There are no records showing an assessment with regards to the etiology of the insomnia. Prior to pharmacological use for insomnia, there should be there should be adaptive mechanisms attempted to aid in good sleep hygiene, with measurement of effectiveness. There is no documentation of this.

Tylenol #4 qty:#60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 Page(s): 81 of 127.

Decision rationale: It would be expected that at this point after the surgical procedure performed, narcotic medication would be tapered off in favor of non-narcotic options. Long-term use of narcotic medication for chronic pain has not shown good outcome measures and can lead to tolerance as well as addiction. "A recent epidemiologic study found that opioid treatment for chronic non-malignant pain did not seem to fulfill any of key outcome goals including pain relief, improved quality of life, and/or improved functional capacity."

APAP/Codeine 300/60mg #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 Page(s): 81 of 127.

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