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| Case Number: | CM15-0060546 | | |
| Date Assigned: | 04/06/2015 | Date of Injury: | 07/16/2011 |
| Decision Date: | 05/05/2015 | UR Denial Date: | 03/23/2015 |
| Priority: | Standard | Application Received: | 03/30/2015 |

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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular 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 (IW) is a 64-year-old female who sustained an industrial injury on 07/16/2011. Diagnoses include rotator cuff sprain/strain, complete rupture of rotator cuff, adhesive capsulitis of the shoulder and other affections of the shoulder region. Treatment to date has included medications, surgery, home exercise program and physical therapy (PT). Diagnostics performed to date included MRIs. According to the PR2 dated 3/19/15, the IW reported she was making progress with therapy after right shoulder arthroscopy. She stated PT was more aggressive with range of motion. She reported taking the Norco after PT and the Zolpidem as needed for sleep. A request was made for APAP/Hydrocodone bitartrate 10mg/325mg and Zolpidem tab 10mg.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydrodo/APAP tab 10-325mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for chronic pain.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Ongoing management Page(s): 78-80.

Decision rationale: Hydrodo/APAP tab 10-325mg #30 is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The MTUS Chronic Pain Medical Treatment Guidelines state that a pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. The documentation submitted does not reveal the above pain assessment or clear monitoring of the "4 A's" (analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors). The documentation reveals that the patient has been on opioids without evidence of significant objective functional improvement. Additionally, there is an inconsistent urine toxicology test on 10/19/14 that is negative for the prescribed opioid. The progress note from March 2015 indicates that the patient has not worked since 2011. The MTUS does not support ongoing opioid use without improvement in function or pain therefore the request for Hydrodo/APAP tab 10-325mg #30 is not medically necessary.

Zolpidem tab 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 (ODG) Pain Chapter updated 3/18/15.

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 and stress- Insomnia treatment Pain (Chronic) -Zolpidem (Ambien).

Decision rationale: Zolpidem tab 10mg #30 is not medically necessary per the ODG guidelines. The MTUS guidelines do not address insomnia or Ambien. The ODG states that Zolpidem is a prescription short-acting nonbenzodiazepine hypnotic, which is recommended for short-term (7-10 days) treatment of insomnia. The ODG states that proper sleep hygiene is critical to the individual with chronic pain and often is hard to obtain. Various medications may provide short-term benefit. While sleeping pills, so-called minor tranquilizers, and anti-anxiety agents are commonly prescribed in chronic pain, pain specialists rarely, if ever, recommend them for long-term use. They can be habit-forming, and they may impair function and memory more than opioid pain relievers. There is also concern that they may increase pain and depression over the long-term. The ODG states that 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. Primary insomnia is generally addressed pharmacologically. Secondary insomnia may be treated with pharmacological and/or psychological measures. The specific component of insomnia should be addressed: (a) Sleep onset; (b) Sleep maintenance; (c) Sleep quality; & (d) Next-day functioning. The documentation does not reveal evidence of a careful evaluation of sleep disturbance. The guidelines do not support using Zolpidem longer than 7-10 days. The documentation indicates that the patient was prescribed Sonata after her shoulder surgery in October 2014. There is no evaluation of etiology of the patient's insomnia. There are no extenuating circumstances, which would necessitate long-term Zolpidem.