

Case Number:	CM15-0063158		
Date Assigned:	04/09/2015	Date of Injury:	03/19/2014
Decision Date:	05/08/2015	UR Denial Date:	03/19/2015
Priority:	Standard	Application Received:	04/02/2015

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, Florida, California
 Certification(s)/Specialty: Preventive Medicine, Occupational 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 52 year old male injured worker suffered an industrial injury on 03/19/2014. The diagnoses included rotator cuff sprain/strain and adhesive capsulitis. The diagnostics included left shoulder x-rays and magnetic resonance imaging. The injured worker had been treated with cortisone injections, medications. On 3/6/2015 the treating provider reported left shoulder pain, stiffness and weakness. There was painful, reduced range of motion to the left shoulder. The treatment plan included Tylenol No. 4 and Zaleplon.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retro Tylenol No. 4 #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 Page(s): 79, 80 and 88 of 127.

Decision rationale: Tylenol #4 contains acetaminophen and opiate medicine. The opiate medicine would drive this review, as acetaminophen is readily available non-prescription over the counter. The injury is from over a year ago. The current California web-based MTUS collection was reviewed in addressing this request. They note in the Chronic Pain section that opiate medicines should be discontinued if: (a) If there is no overall improvement in function, unless there are extenuating circumstances. The medicine may be continued if: (b) If the patient has improved functioning and pain. (Washington, 2002) (Colorado, 2002) (Ontario, 2000) (VA/DoD, 2003) (Maddox-AAPM/APS, 1997) (Wisconsin, 2004) (Warfield, 2004) In regards to the long term use of opiates, the MTUS also poses several analytical questions such as has the diagnosis changed, what other medications is the patient taking, are they effective, producing side effects, what treatments have been attempted since the use of opioids, and what is the documentation of pain and functional improvement and compare to baseline. These are important issues, and they have not been addressed in this case. There especially is no documentation of functional improvement with the regimen. There is no improvement noted in objective functioning and pain. The request for the retrospective long-term opiate usage is not certified per MTUS guideline review. Therefore, the requested medical treatment is not medically necessary.

Retro Zaleplon 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, Pain, 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), Pain section, insomnia medicines.

Decision rationale: The MTUS is silent on this medicine. The ODG notes regarding sleeping medicines, only short-term use is advocated due to tolerance and addictive effects long term. The ODG notes: Recommend that treatment be based on the etiology, with the medications recommended below. See Insomnia. 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. (Lexi-Comp, 2008) 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. In this case, the degree, type and depth of insomnia is not known. It is not clear this is a short-term usage. The retrospective review request is appropriately non-certified. Therefore, the requested medical treatment is not medically necessary.