

Case Number:	CM15-0081151		
Date Assigned:	05/01/2015	Date of Injury:	10/09/1996
Decision Date:	06/05/2015	UR Denial Date:	04/13/2015
Priority:	Standard	Application Received:	04/27/2015

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: 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 54 year old male, who sustained an industrial injury on 10/9/1996. The current diagnoses are herniated nucleus pulposus of the lumbar spine, status post right shoulder rotator cuff repair and distal clavicle excision, and left ulnar neuritis. According to the progress report dated 3/2/2015, the injured worker complains of low back pain that radiates down his bilateral legs. The pain is rated 6/10 with medications and 8-9/10 without. Additionally, he reports right shoulder pain. The current medications are Tylenol #3, Celebrex, Ambien, and over-the-counter Ibuprofen. Treatment to date has included medication management, X-rays, MRI studies, physical therapy, acupuncture, facet block injections, and surgical intervention. The plan of care includes prescriptions for Tylenol #3, Ambien, and MR arthrogram of the right shoulder.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tylenol #3 30/300mg Qty: 170: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for chronic pain Page(s): 80-82.

Decision rationale: This patient receives treatment for chronic low back pain, R shoulder pain, and L ulnar neuritis. This relates to a work-related injury on 10/09/1996. The patient has had surgery to repair a R shoulder rotator cuff tear and to resect the distal clavicle. This review addresses a request for acetaminophen and codeine 30/300 mg 6-7 a day. This patient has become opioid dependent, exhibits opioid tolerance, and may be exhibiting hyperalgesia, which are all associated with long-term opioid treatment. Opioids are not recommended for the long-term management of chronic pain, because clinical studies fail to show either adequate pain control or a return to function, when treatment relies on opioid therapy. The documentation fails to document a quantitative assessment of return to function. Based on the documentation treatment with acetaminophen and codeine is not medically necessary.

Ambien 5mg #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)- TWC Pain Procedure Summary and Mosby's Drug Consult.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Treatment of Insomnia by Michael Bonnet, MD, et al; UpToDate.com.

Decision rationale: This patient receives treatment for chronic low back pain, R shoulder pain, and L ulnar neuritis. This relates to a work-related injury on 10/09/1996. The patient has had surgery to repair a R shoulder rotator cuff tear and to resect the distal clavicle. This review addresses a request for Ambien 5 mg for insomnia. Medical treatment guidelines warn that reliance on hypnotics does not result in impressive relief from insomnia and can produce side effects such as hallucinations and sleep walking and can lead to dependence and drug tolerance, whereas, addressing sleep hygiene does lead to improvement in restorative sleep. Ambien is medically approved for the short-term treatment of insomnia; however, it is important to look for other treatable causes, such as OSA, and to document trials of sleep hygiene. Based on the documentation, Ambien is not medically necessary.

MR arthrogram of the right shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 208. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)- TWC Shoulder Procedure Summary Online Version.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 208.

Decision rationale: This patient receives treatment for chronic low back pain, R shoulder pain, and L ulnar neuritis. This relates to a work-related injury on 10/09/1996. The patient has had

surgery to repair a R shoulder rotator cuff tear and to resect the distal clavicle. This review addresses a request for an MR arthrogram of the R shoulder. This patient had an MRI of the R shoulder on 03/15/2015 which showed a partial supraspinatus tear and no mention of a labral tear. An MR arthrogram may be clinically indicated to diagnose a labral tear. The documentation does not clarify what the rationale for the additional study is directed at. The MR arthrogram is not medically necessary.