

Case Number:	CM15-0086425		
Date Assigned:	05/08/2015	Date of Injury:	05/07/2009
Decision Date:	07/09/2015	UR Denial Date:	03/31/2015
Priority:	Standard	Application Received:	05/04/2015

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: Utah, Arkansas

Certification(s)/Specialty: Family Practice, Sports 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 36 year old female, who sustained an industrial injury on 5/7/09. Initial complaints were documented as lower back pain . The injured worker was diagnosed as having trochanteric bursitis right; lateral epicondylitis; lumbar facet arthropathy; DeQuervain's syndrome; carpal tunnel syndrome. Treatment to date has included right trochanteric bursa injection (2011); lateral epicondylar injection (2012); right bicep tendon shoulder injection; lumbar medial branch blocks (2012); urine drug screening; medications. Diagnostics included MRI lumbar spine without contrast (4/30/13). Currently, the PR-2 notes dated 3/9/15 indicated the injured worker complains of shoulder pain, sciatic with pain scale 5/10 without medications. The notes read the injured worker is with chronic low back pain and left shoulder pain. The left shoulder is painful at the AC joint and it feels swollen and painful. She has a lot of back pain yesterday and pain medications help decrease pain and improve function as well as improve the quality of life. The documentation notes the lumbar spine tender at the facet joint with decreased flexion and extension. The provider notes the injured worker is 6 weeks pregnant and is on no medications at this time. The notes submitted demonstrate the injured worker has had many injections to the shoulders and hips over the past few years. The injections are noted to benefit the injured worker. He is requesting an AC joint injection for the left shoulder, X-ray of bilateral AC and bilateral shoulders, Ambien 10mg #30, Norco 10/325mg #180 and Xanax 0.5mg #90.

IMR ISSUES, DECISIONS AND RATIONALES

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

AC joint injection for the left shoulder: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 211-214. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG - Shoulder Complaints.

Decision rationale: MTUS treatment guidelines are silent with regards to the above request. Other guidelines were reviewed in regards to this specific case, and the clinical documents were reviewed. The request is for AC joint shoulder injection. The patient currently has a diagnosis of AC joint pain. According to the clinical documentation provided and current guidelines; AC joint shoulder injection is indicated as a medical necessity to the patient at this time.

X-ray of bilateral AC and bilateral shoulders: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder Complaints page 207.

Decision rationale: MTUS treatment guidelines were reviewed in regards to this specific case, and the clinical documents were reviewed. The request is for x-ray of the shoulder. MTUS guidelines state the following: Routine testing (laboratory tests, plain-film radiographs of the shoulder) and more specialized imaging studies are not recommended during the first month to six weeks of activity limitation due to shoulder symptoms, except when a red flag noted on history or examination raises suspicion of a serious shoulder condition or referred pain. The patient does currently fulfill the criteria. According to the clinical documentation provided and current MTUS guidelines; x-ray of the shoulder is indicated as a medical necessity to the patient at this time.

Ambien 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.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Ambien.

Decision rationale: MTUS treatment guidelines are silent about Ambien. Other guidelines were used in this review. ODG guidelines were reviewed in regards to this specific case, and the

clinical documents were reviewed. The request is for Ambien. Guidelines state the following: recommends Ambien for short term use, usually two to six weeks for treatment of insomnia. There is concern for habit forming, impaired function and memory, as well as increased pain and depression over long term. The ambien prescribed is not for short term usage. According to the clinical documentation provided and current guidelines; Ambien is not indicated as a medical necessity to the patient at this time.

Norco 10/325mg #180: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use, page(s) 75-79.

Decision rationale: MTUS treatment guidelines were reviewed in regards to this specific case, and the clinical documents were reviewed. The MTUS indicates that ongoing management of opioids includes documentation of prescriptions given from a single practitioner, prescriptions from a single pharmacy and the lowest dose should be used to improve function. There should also be an ongoing review of the 4 A's, including analgesia, activities of daily living, adverse side effects, and aberrant drug behaviors. According to the clinical documents, it is unclear that the medications are from a single practitioner or a single pharmacy. Documentation for activities of daily living, adverse side effects, and aberrant drug usage is unclear at this time. According to the clinical documentation provided and current MTUS guidelines; Norco, as written above, is not indicated a medical necessity to the patient at this time.

Xanax 0.5mg #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines. page(s) 24.

Decision rationale: MTUS, Chronic Pain Medical Treatment Guideline were reviewed in regards to this specific case, and the clinical documents were reviewed. According to the MTUS guidelines, Benzodiazepines are not recommended for long-term use because long-term efficacy is unproven and there is a risk of dependence. Most guidelines limit use to 4 weeks. Their range of action includes sedative/hypnotic, anxiolytic, anticonvulsant, and muscle relaxant. Chronic benzodiazepines are the treatment of choice in very few conditions. Tolerance to hypnotic effects develops rapidly. Tolerance to anxiolytic effects occurs within months and long-term use may actually increase anxiety. According to the clinical documents, the Lorazepam requested is not being used for short term therapy. According to the clinical documentation provided and current MTUS guidelines; the Lorazepam, as noted above, is not indicated a medical necessity to the patient at this time.