

Case Number:	CM15-0087229		
Date Assigned:	05/11/2015	Date of Injury:	05/30/2013
Decision Date:	06/12/2015	UR Denial Date:	04/16/2015
Priority:	Standard	Application Received:	05/06/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

Current diagnoses include status post left shoulder rotator cuff repair, cervical disc disease, and left C6 radiculopathy. Previous treatments included medication management, left shoulder surgery 03/11/2015, Toradol injections, and physical therapy. Report dated 04/01/2015 noted that the injured worker presented to discuss treatment options for the neck. Pain level was not included. Documentation supports the injured worker has had physical therapy. Physical examination was positive limited cervical range of motion, tenderness and spasm along the cervical paraspinal musculature, trapezius and rhomboids, Spurling's test elicits pain in the left upper extremity, and diminished sensation. The treatment plan included sending for a spine consultation, request for cervical epidural injection, prescribed Voltaren gel and ambien for sleep and pain, and follow up in 3-4 weeks. Disputed treatments include Percocet and Ambien.

IMR ISSUES, DECISIONS AND RATIONALES

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

Percocet 5mg-325mg 1 q 4-6 hrs as needed for pain no. 40: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (1) Opioids, criteria for use, p76-80 (2) Opioids, dosing, p86 Page(s): 76-80, 86.

Decision rationale: The claimant sustained a work injury in May 2013 and continued to be treated for neck and shoulder pain. He underwent left shoulder arthroscopy with a subacromial decompression and rotator cuff repair on 03/11/15. Pain is referenced as 10/10 without medications. When seen, there was decreased cervical spine range of motion with muscle tenderness and spasms. There was positive Spurling's testing. Percocet was being prescribed at a total MED (morphine equivalent dose) of less than 15 mg per day. Percocet (Oxycodone / acetaminophen) is a short acting combination opioid often used for intermittent or breakthrough pain. In this case, it is being prescribed as part of the claimant's ongoing management. Although there are no identified issues of abuse or addiction and the total MED (morphine equivalent dose) is less than 120 mg per day, there is no documentation that medications are providing decreased pain, increased level of function, or improved quality of life. Therefore, the continued prescribing of Percocet was not medically necessary.

Ambien 10mg 1 tab at night as needed for insomnia no. 60: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) (1) Chronic Pain, Zolpidem (2) Mental Illness & Stress, Insomnia (3) Mental Illness & Stress, Insomnia treatment.

Decision rationale: The claimant sustained a work injury in May 2013 and continued to be treated for neck and shoulder pain. He underwent left shoulder arthroscopy with a subacromial decompression and rotator cuff repair on 03/11/15. Pain is referenced as 10/10 without medications. When seen, there was decreased cervical spine range of motion with muscle tenderness and spasms. There was positive Spurling's testing. Percocet was being prescribed at a total MED (morphine equivalent dose) of less than 15 mg per day. Ambien (zolpidem) is a prescription short-acting nonbenzodiazepine hypnotic, which is approved for the short-term (usually two to six weeks) treatment of insomnia and is rarely recommended for long-term use. It can be habit-forming, and may impair function and memory and may increase pain and depression over the long-term. The treatment of insomnia should be based on the etiology and pharmacological agents should only be used after careful evaluation of potential causes of sleep disturbance. Primary insomnia is generally addressed pharmacologically. Secondary insomnia may be treated with pharmacological and/or psychological measures. In this case, the nature of the claimant's sleep disorder is not provided. There is no assessment of factors such as sleep onset, maintenance, quality, or next day functioning. Whether the claimant has primary or secondary insomnia has not been determined. Therefore, the requested Ambien was not medically necessary.