

Case Number:	CM15-0233027		
Date Assigned:	12/09/2015	Date of Injury:	02/26/2014
Decision Date:	01/15/2016	UR Denial Date:	11/20/2015
Priority:	Standard	Application Received:	11/30/2015

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 is a 41 year old female, who sustained an industrial injury on 2-26-2014. She reported head, neck, upper back, low back, left shoulder, left chest and left arm pain. The injured worker was diagnosed as having left shoulder impingement, C3-4 level cervical disc protrusion and T9-10 thoracic disc protrusion. Treatment to date has included diagnostic testing, physical therapy, medications, acupuncture. The orthopedic note dated 9-17-2015, the IW "complains of right wrist and hand pain and she rates her pain a 5 out of 10, with 10 being the worst. Her medications are Norco and Ambien. On exam, there is tenderness of the left shoulder with limited range of motion and crepitation with range of motion. The cervical range of motion is decreased and the right wrist and hand exam are essentially unchanged. The treatment plan is request for shockwave therapy, right wrist brace and Norco and Ambien". The progress note dated 10-15-2015, the IW "indicated increasing shoulder pain. On exam of the cervical spine demonstrated tenderness at the posterior cervical musculature. The left shoulder examination demonstrated abduction to 60 degrees, forward flexion was 70 degrees and external rotation was 70 degrees. The impingement sign was positive. There was tenderness over the anterior aspect of the shoulder girdle. The thoracolumbar spine demonstrated diffused tenderness. The treatment plan is for corticosteroid injection, Norco and Ambien". The UR decision, dated 11-20-2015 modified a trial of 3 corticosteroid injections on left shoulder to a trial of 1 corticosteroid injections on left shoulder, Norco 7.5-325mg, quantity 60 and Ambien 10 mg, quantity 30. The request for authorization, dated 11-23-2015 is for a trial of 3 corticosteroid injections on left shoulder, Norco 7.5-325mg, quantity 60 and Ambien 10 mg, quantity 30.

IMR ISSUES, DECISIONS AND RATIONALES

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

Corticosteroid injections, trial, left shoulder, Qty 3: Upheld

Claims Administrator guideline: Decision based on MTUS Shoulder Complaints 2004, Section(s): Initial Care.

MAXIMUS guideline: Decision based on MTUS Shoulder Complaints 2004, Section(s): Initial Care. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder-Steroid injections.

Decision rationale: Corticosteroid injections, trial, left shoulder, Qty 3 is not medically necessary per the MTUS Guidelines and the PDG. The MTUS states that for impingement syndrome corticosteroid preparation may be indicated after conservative therapy (i.e., strengthening exercises and nonsteroidal antiinflammatory drugs) for two to three weeks. The evidence supporting such an approach is not overwhelming. The total number of injections should be limited to three per episode, allowing for assessment of benefit between injections. The ODG states that for shoulder injections only one injection should be scheduled to start, rather than a series of three. A second injection is not recommended if the first has resulted in complete resolution of symptoms, or if there has been no response. Although the patient may benefit from a corticosteroid injection to the left shoulder the request for 3 injections is not medically necessary as the guidelines recommend one injection at a time with evidence of efficacy between each injection. Therefore the request for corticosteroid injections, trial, left shoulder, Qty 3 is not medically necessary.

Norco 7.5/325 mg Qty 60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids (Classification), Opioids, criteria for use.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use.

Decision rationale: Norco 7.5/325 mg Qty 60 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 MTUS does not support ongoing opioid use without improvement in function or pain. The most recent documentation submitted with request for Norco 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) as recommended by the MTUS. The documentation reveals that

the patient has been on long term opioids without significant increase in function therefore the request for continued Norco is not medically necessary.

Ambien 10 mg Qty 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 (Chronic) -Zolpidem (Ambien).

Decision rationale: Ambien 10 mg Qty 30 is not medically necessary per the ODG guidelines. The MTUS Guidelines do not address insomnia or Ambien. The ODG states that Zolpidem (Ambien) 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 does not recommend this medication long term. The request for Ambien quantity 30 is not medically necessary.