

<b>Case Number:</b>	CM13-0007520		
<b>Date Assigned:</b>	03/07/2014	<b>Date of Injury:</b>	10/20/1999
<b>Decision Date:</b>	05/06/2014	<b>UR Denial Date:</b>	07/24/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/09/2013

### 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. The expert reviewer is Board Certified in Physical Medicine & Rehabilitation, has a subspecialty in Interventional Spine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### CLINICAL CASE SUMMARY

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

This is a 65-year-old female who was injured on 10/20/1999. The 5/8/13 orthopedic report from [REDACTED] shows the patient has DeQuervains disease; rotator cuff tear; impingement syndrome and cervical spondylosis. She is reported to have less left wrist pain following the cortisone injection. Acupuncture was helpful, but she continues with neck pain and stiffness, headaches, difficulty sleeping at night with nightmares, and anxiety and depression. On 7/23/13, UR recommended non-certification for the patient's medications based on the 3/26/13, 5/8/13 and 5/28/13 reports from [REDACTED]. The 5/28/13 report from [REDACTED] was not provided for this IMR.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**PRESCRIPTION OF PRILOSEC (UNKNOWN DOSAGE):** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS (NON-STEROIDAL ANTI-INFLAMMATORY DRUGS). .

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, GI SYMPTOMS & CARDIOVASCULAR RISK Page(s): 68-69.

**Decision rationale:** The Expert Reviewer's decision rationale: The 5/8/13 orthopedic report from [REDACTED] shows the patient has DeQuervains disease; rotator cuff tear; impingement syndrome and cervical spondylosis. She is 65 year-old and takes Motrin 800mg q8h. I have been asked to review for necessity of Prilosec. Prilosec is a proton pump inhibitor (PPI). MTUS states these may be necessary if the patient is at risk for GI events. The patient is over 65 and takes Motrin 800mg. The use of Prilosec is in accordance with MTUS guidelines

**PRESCRIPTION OF MOTRIN 800MG:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS (NON-STEROIDAL ANTI-INFLAMMATORY DRUGS). .

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines ANTI-INFLAMMATORY MEDICATIONS; NSAIDS Page(s): 22, 67-68.

**Decision rationale:** The Expert Reviewer's decision rationale: The 5/8/13 orthopedic report from [REDACTED] shows the patient has DeQuervains disease; rotator cuff tear; impingement syndrome and cervical spondylosis. She is reported to have less left wrist pain following the cortisone injection. Acupuncture was helpful, but she continues with neck pain and stiffness, headaches, difficulty sleeping at night with nightmares, and anxiety and depression. I have been asked to review for Motrin. MTUS for NSAIDs for neuropathic pain states: "There is inconsistent evidence for the use of these medications to treat long-term neuropathic pain, but they may be useful to treat breakthrough and mixed pain conditions such as osteoarthritis (and other nociceptive pain) in with neuropathic pain. " The patient is reported to have neuropathic pain from brachial plexus as well as nociceptive pain from degenerative disease and spondylosis. The use of Motrin appears to be in accordance with MTUS guidelines

**PRESCRIPTION OF AMBIEN (UNKNOWN DOSAGE):** 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).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG-TWC GUIDELINES, CHRONIC PAIN CHAPTER, INSOMNIA TREATMENT, FOR AMBIEN STATES

**Decision rationale:** The Expert Reviewer's decision rationale: The 5/8/13 orthopedic report from [REDACTED] shows the patient has DeQuervains disease; rotator cuff tear; impingement syndrome and cervical spondylosis. She is reported to have less left wrist pain following the cortisone injection. Acupuncture was helpful, but she continues with neck pain and stiffness, headaches, difficulty sleeping at night with nightmares, and anxiety and depression. I have been asked to review for Ambien. The records show the patient has been using Ambien since 3/20/13. MTUS did not discuss Ambien, so ODG guidelines were consulted. ODG specifically states Ambien is not recommended for use longer than 10-days. The request for continued use of Ambien for over 2-months is not in accordance with ODG guidelines

**PRESCRIPTION OF ZOLOFT 100MG Daily:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines ANTIDEPRESSANTS FOR CHRONIC PAIN Page(s): 13-16.

**Decision rationale:** The Expert Reviewer's decision rationale: The 5/8/13 orthopedic report from [REDACTED] shows the patient has DeQuervains disease; rotator cuff tear; impingement syndrome and cervical spondylosis. She is reported to have less left wrist pain following the cortisone injection. Acupuncture was helpful, but she continues with neck pain and stiffness, headaches, difficulty sleeping at night with nightmares, and anxiety and depression. I have been asked to review for Zoloft. Zoloft is an SSRI. MTUS under the antidepressant section for SSRI states: "It has been suggested that the main role of SSRIs may be in addressing psychological symptoms associated with chronic pain." The patient has chronic pain and depression and anxiety. The use of Zoloft appears to be in accordance with MTUS guidelines.

**PRESCRIPTION FOR TRANSDERMAL GEL FOR NECK:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines TOPICAL ANALGESICS Page(s): 111-113.

**Decision rationale:** The 5/8/13 orthopedic report from [REDACTED] shows the patient has DeQuervains disease; rotator cuff tear; impingement syndrome and cervical spondylosis. She is reported to have less left wrist pain following the cortisone injection. Acupuncture was helpful, but she continues with neck pain and stiffness, headaches, difficulty sleeping at night with nightmares, and anxiety and depression. This is an incomplete prescription. It is not known what type of gel is being requested. The duration and frequency were not listed. Without knowing what the gel is, or the duration and frequency, it cannot be compared to the recommended duration and frequency provided in MTUS. I cannot confirm that the incomplete prescription is in accordance with MTUS guidelines.