

Case Number:	CM14-0144963		
Date Assigned:	09/12/2014	Date of Injury:	08/17/2012
Decision Date:	10/16/2014	UR Denial Date:	08/15/2014
Priority:	Standard	Application Received:	09/08/2014

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 Occupational Medicine 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:

The patient is a represented [REDACTED] employee who has filed a claim for chronic shoulder pain, myalgias, allodynia, adhesive capsulitis, and major depressive disorder (MDD) reportedly associated with an industrial injury of August 17, 2012. Thus far, the patient has been treated with the following: Analgesic medications; transfer of care to and from various providers in various specialties; topical agents; sleep aids; earlier shoulder rotator cuff repair surgery; and unspecified amounts of physical therapy over the course of the claim. In a Utilization Review Report dated August 15, 2014, the claims administrator denied a request for Flexeril, denied a request for Lidoderm, approved a request for Motrin, denied a request for Ambien, and denied a request for Norco. The patient's attorney subsequently appealed. In a July 11, 2014 progress note, the patient reported persistent complaints of shoulder pain status post earlier right shoulder rotator cuff revision surgery on May 23, 2014. Persistent shoulder pain was noted despite the patient's exhibiting improved range of motion with flexion and abduction to 150 degrees. The patient was returned to work with a rather permissive 30-pound lifting limitation. It was stated that the patient's shoulder range of motion was improving appropriately. The medication list and medication usage were not explicitly discussed on this date. In an earlier note dated February 18, 2014, it was noted that the patient was working as a janitor despite ongoing complaints of shoulder pain and did have to perform heavy lifting chores. In an August 1, 2014 progress note, the patient reported persistent complaints of shoulder pain. The patient again noted that she was able to work as a custodian with ongoing medication consumption. 7/10 pain was noted without medications versus 3/10 pain with medications. The patient presented to obtain her medication refill, including Flexeril, Motrin, Ambien, Terocin, and Norco. It was stated that the patient was using Ambien for pain-induced insomnia. Physical therapy was sought. Trigger point injections were performed. The patient was apparently using

many of the medications in question, including Ambien, Flexeril, Norco, and Motrin on an earlier note dated May 7, 2014, at which point the same medications were apparently refilled

IMR ISSUES, DECISIONS AND RATIONALES

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

Ambien 10mg #30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Stress & Mental Illness Chapter; Zolpidem (Ambien)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 7-8.

Decision rationale: While the MTUS does not specifically address the topic of Ambien usage, pages 7 and 8 of the MTUS Chronic Pain Medical Treatment Guidelines do stipulate that an attending provider using a drug for non-FDA labeled purposes has a responsibility to be well informed regarding usage of the same and should, furthermore, furnish compelling evidence to support such usage. The Food and Drug Administration (FDA), however, notes that Ambien is indicated only in the short-term treatment of insomnia, for up to 35 days. Here, however, the attending provider and/or applicant appear intent on using Ambien for chronic, long-term, and daily-use purposes. The applicant has seemingly been using Ambien for a minimum of three months. No rationale for selection and/or ongoing usage of the same in the face of the unfavorable FDA position on long-term Ambien usage was proffered by the attending provider. Therefore, the request is not medically necessary.

Flexeril 7.5mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Pain Treatment Guidelines; regarding Cycloben.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine topic. Page(s): 41.

Decision rationale: As noted on page 41 of the MTUS Chronic Pain Medical Treatment Guidelines, the addition of cyclobenzaprine or Flexeril to other agents is not recommended. In this case, the applicant is, in fact, using a wide variety of analgesic, adjuvant, and sedative medications. Adding cyclobenzaprine or Flexeril to the mix is not recommended. Therefore, the request is not medically necessary.

Lidoderm 5% patch #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines; regarding Topical Analg.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Lidocaine Page(s): 112.

Decision rationale: While page 112 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that topical lidocaine is indicated in the treatment of localized peripheral pain/neuropathic pain in applicants in whom there has been a trial of first-line therapy with antidepressants and/or anticonvulsants, in this case, however, there is no evidence that first-line antidepressants and/or anticonvulsants were tried and/or failed before Lidoderm patches were considered. Therefore, the request is not medically necessary

Norco 10/325mg #60: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CA MTUS Chronic Pain Medical Treatment Guidelines; regarding Norco.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines , When to Continue Opioids topic. Page(s): 80.

Decision rationale: As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of the same. In this case, the applicant is reporting appropriate reduction in pain scores from 7/10 without medications to 3/10 with medications. The applicant's ability to perform her usual and customary work as a janitor, which includes heavy lifting tasks, has reportedly been ameliorated as a result of ongoing opioid therapy with Norco. Continuing the same, on balance, is therefore indicated. Accordingly, the request is medically necessary.