

Case Number:	CM14-0146373		
Date Assigned:	09/12/2014	Date of Injury:	11/01/2011
Decision Date:	10/15/2014	UR Denial Date:	08/20/2014
Priority:	Standard	Application Received:	09/09/2014

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 Orthopedic Surgery, 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:

37 year old male claimant with an industrial injury dated 11/01/11. The patient is status post duty modifications, physical therapy, a left shoulder injection, the use of a massage unit and medications. Current medications include Robaxin, and Norco. MRI of the left shoulder dated 11/04/13 provide evidence for the presence of an oval-shaped cystic fluid located under the supraspinatus muscle and on top of the coracoid process extending 22.9 x 1.5 x 5.5mm. In addition, there was blunting and possible partial separation of the posterior labral margin noted. Exam note 08/04/14 states the patient returns with severe left shoulder pain. The patient rates the pain a 6/10. Upon physical exam there was normal coordination and reflexes of the upper extremities. There was also mild tenderness over the anterolateral border of the acromion. The patient had a positive Hawkins-Kennedy impingement test. Negative tests included anterior slide, biceps tension, drop arm, lateral scapular slide, scapular load, spring back, upper limb tension test, and drop sign test. The patient was diagnosed with impingement syndrome of the left shoulder. Treatment includes an arthroscopic subacromial decompression of the left shoulder, and a continuation of medication.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #120 (prescribed on 08/04/14): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, specific drug list; Criteria for use of Opioids; Weaning.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 80.

Decision rationale: According to the CA MTUS/Chronic Pain Medical Treatment Guidelines, page 80, opioids should be continued if the patient has returned to work and the patient has improved functioning and pain. Based upon the exam note from 8/4/14 there is insufficient evidence to support chronic use of narcotics. The patient has been on chronic opioids without demonstrated functional improvement, percentage of relief, demonstration of urine toxicology compliance or increase in activity. Therefore the determination is for non-certification.

Ambien 10mg #30 (prescribed on 08/04/14): 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 Chapter (updated 05/15/14): Zolpidem (Ambien)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Zolpidem

Decision rationale: CA MTUS/ACOEM is silent on the issue of Ambien. According to the ODG, Pain Section, Zolpidem (Ambien) is a prescription short-acting nonbenzodiazepine hypnotic, which is approved for the short-term (usually two to six weeks) treatment of insomnia. 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. There is no evidence in the records from 8/4/14 of insomnia to warrant Ambien. Therefore the determination is for non-certification.

Soma 350mg #90 (prescribed on 08/04/14): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain), Carisoprodol Page(s): 63-65.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Carisoprodol Page(s): 29.

Decision rationale: Per the CA MTUS/Chronic Pain Medical Treatment Guidelines, page 29, Carisoprodol (Soma), does not recommend Soma for long term use. It is a skeletal muscle relaxant, which has abuse potential due to its sedative and relaxant effects. In this case, the exam note from 8/4/14 does not demonstrate prior dosages and response to Soma. In addition, the guidelines do not recommend long term use. Therefore the determination is for non-certification.