

Case Number:	CM14-0181150		
Date Assigned:	11/05/2014	Date of Injury:	05/21/2013
Decision Date:	12/11/2014	UR Denial Date:	10/21/2014
Priority:	Standard	Application Received:	10/31/2014

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 Geriatrics and is licensed to practice in New York. 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 injured worker is a man with a date of injury of 5/21/13. He was seen by her primary treating physician on 10/1/14 with complaints of pain in his right hand, left shoulder and back. He was using the IFC to his left shoulder three times per week. His exam showed tenderness to palpation and reduced range of motion of the left shoulder. He had a negative Hawkin's and a positive Neer's. Abduction was 120 degrees and forward flexion was 120 degrees. He had decreased sensation in the left upper extremity and motor strength was 5/5. His diagnoses were internal derangement left shoulder, neuropraxia- left upper extremity, insomnia, musculoligamentous injury-thoracici, herniated nucleus pulposus-cervical and sleep disorder. At issue in this review is the request for norco, zanaflex and ambien and urine drug screen monthly x 3 months. Length of prior therapy is not documented in the note.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325 mg # 90 with one refill: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-80.

Decision rationale: This injured worker has chronic back, shoulder and upper extremity pain with an injury sustained in 2013. His medical course has included ongoing use of several medications including narcotics and muscle relaxants. In opioid use, ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects is required. Satisfactory response to treatment may be reflected in decreased pain, increased level of function or improved quality of life. The MD visit of 10/14 fails to document any improvement in pain, functional status or a discussion of side effects to justify ongoing use. The medical necessity of norco is not substantiated in the note.

Zanaflex 4 mg # 90 with one refill: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 63-66.

Decision rationale: This injured worker has chronic back, shoulder and upper extremity pain with an injury sustained in 2013. His medical course has included ongoing use of several medications including narcotics and muscle relaxants. Non-sedating muscle relaxants are recommended for use with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic low back pain. Efficacy appears to diminish over time and prolonged use can lead to dependence. The MD visit of 10/14 fails to document any improvement in pain, functional status or a discussion of side effects to justify ongoing use. The medical necessity of zanaflex is not substantiated in the note.

Ambien 10 mg # 60 with one refill: 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: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Uptodate: treatment of insomnia and drug information - Zolpidem

Decision rationale: Zolpidem (ambien) is used for the short-term treatment of insomnia (with difficulty of sleep onset). Patients with insomnia should receive therapy for any medical condition, psychiatric illness, substance abuse, or sleep disorder that may exacerbate the problem and receive general advice regarding sleep hygiene. In this injured worker, his sleep pattern, hygiene or level of insomnia is not addressed. There is also no documentation of a discussion of efficacy or side effects. The documentation does not support the medical necessity for ambien.

Urine Drug Screen (UDS) once a month for three months: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Urine Drug Testing

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 43, 77, 78.

Decision rationale: This injured worker has a history of chronic pain since 2013. Urine drug screening may be used at the initiation of opioid use for pain management and in those individuals with issues of abuse, addiction or poor pain control. In the case of this injured workers, the records fail to document any issues of abuse or addiction or the medical necessity of a monthly drug screen. The monthly urine drug screen x 3 is not medically substantiated.