MAXIMUS Federal Services

Case Number:	CM14-0213188		
Date Assigned:	12/30/2014	Date of Injury:	02/02/2013
Decision Date:	02/19/2015	UR Denial Date:	11/26/2014
Priority:	Standard	Application Received:	12/19/2014

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. 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: Ohio, North Carolina, Virginia
Certification(s)/Specialty: Family Practice

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 50-year-old male with a date of injury of February 2, 2013. He fell forward onto outstretched arms while asending stairs creating pain in the left shoulder. An MRII scan of left shoulder, date unknown, revealed a 70% partial tear of the left rotator cuff with supraspinatus tendinitis and evidence of bursitis. There was hypertrophy of the acromioclavicular joint. On July 18, 2013 the injured worker had a rotator cuff repair arthroscopically. He evidently did well postoperatively but again on October 31, 2014, he presented with increasing pain of the left shoulder. The physical exam revealed positive impingement signs with weakness in terms of abduction and external rotation. The treating physician desired an MRII arthrogram to rule out recurrent rotator cuff tear. Ambien was prescribed to help with sleep and Relafen was prescribed for pain and inflammation. A subacromial steroid injection was given. At issue is a request for Ambien 5 mg #30 and two refills, Relafen 500 mg #60 and two refills, and an MRII arthrogram of the left shoulder. Ambien was not certified because there was no discussion regarding insomnia within the body of the note. Relafen was modified to number 60 with no refills because of the MTUS requirement to prescribed NSAIDs in the lowest amounts for the shortest periods of time. The MRII/arthrogram was not certified citing ODG guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ambien 5mg quantity 30 with 2 refills: 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)-TWC, Mosby;s Drug Consult.

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 Â®)

Decision rationale: Zolpidem is a prescription short-acting nonbenzodiazepine hypnotic, which is recommended for short-term (7-10 days) 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. In this instance, the quantity of Ambien prescribed with refills greatly exceeds the recommended duration of treatment for insomnia. Additionally, there was no discussion regarding sleep issues within the body of the note on the date of the Ambien prescription request. Therefore, the request for Ambien 5 mg #30 with two refills is not medically necessary.

Relafen 500mg quantity 60 with 2 refills: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, Page(s): 67. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain (Chronic), NSAIDs, specific drug list & adverse effects.

Decision rationale: Osteoarthritis (including knee and hip): NSAIDs are recommended at the lowest dose for the shortest period in patients with moderate to severe pain. Acetaminophen may be considered for initial therapy for patients with mild to moderate pain, and in particular, for those with gastrointestinal, cardiovascular or renovascular risk factors. NSAIDs appear to be superior to acetaminophen, particularly for patients with moderate to severe pain. There is no evidence to recommend one drug in this class over another based on efficacy. In particular, there appears to be no difference between traditional NSAIDs and COX-2 NSAIDs in terms of pain relief. The main concern of selection is based on adverse effects. COX-2 NSAIDs have fewer GI side effects at the risk of increased cardiovascular side effects, although the FDA has concluded that long-term clinical trials are best interpreted to suggest that cardiovascular risk occurs with all NSAIDs and is a class effect (with naproxyn being the safest drug). Nabumetone (Relafen , generic available):500, 750 mg. Dosing: Osteoarthritis: The recommended starting dose is 1000 mg PO. The dose can be divided into 500 mg PO twice a day. Additional relief may be obtained with a dose of 1500 mg to 2000 mg per day. The maximum dose is 2000 mg/day. Patients weighing less than 50 kg may be less likely to require doses greater than 1000 mg/day. The

lowest effective dose of nabumetone should be sought for each patient. In this instance, the injured worker has evidence of osteoarthritis of the left shoulder as evidence by hypertrophy of the acromioclavicular joint as seen on his MRII scan. 500 mg of Relafen twice daily is in fact the lowest dose. The shortest period of time appears to be a subjective matter. Consequently, the request for Relafen 500 mg #60 with two refills is medically necessary.

MRI Arthrogram of the Left Shoulder: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 214. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) - TWC, Shoulder, NRI

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

Decision rationale: MRI arthrogram is recommended as an option to detect labral tears, and for suspected re-tear post-op rotator cuff repair. MRI is not as good for labral tears, and it may be necessary in individuals with persistent symptoms and findings of a labral tear that a MRI arthrogram be performed even with negative MRI of the shoulder, since even with a normal MRII, a labral tear may be present in a small percentage of patients. In this instance, the treating physician clearly expressed concern for possible recurrent rotator cuff tear in the setting of a previous surgery for a torn rotator cuff. The guidelines clearly support an MRI arthrogram. Therefore, an MRI Arthrogram of the left shoulder is medically necessary.