

Case Number:	CM14-0214754		
Date Assigned:	01/07/2015	Date of Injury:	02/20/2014
Decision Date:	02/28/2015	UR Denial Date:	12/09/2014
Priority:	Standard	Application Received:	12/23/2014

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: California, Indiana, New York
 Certification(s)/Specialty: Internal Medicine

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 (IW) is a 46-year-old woman with a date of injury of February 20, 2014. The mechanism of injury was not documented in the medical record. The injured worker's working diagnoses are cervical sprain/strain; lumbar sprain/strain; right shoulder sprain/strain; and left shoulder sprain/strain. Pursuant to the Progress note dated December 10, 2014, the IW complains of cervical spine pain rated 7/10. The pain is described as achy with stiffness. She also has frequent lumbar spine pain rated 7.5/10. The pain is described as throbbing with numbness and tingling. She has bilateral shoulder pain rated 6/10. The pain is described as burning with stiffness and weakness. There were no complaints of insomnia. Examination of the cervical spine reveals decreased range of motion (ROM). There is tenderness to palpation (TTP) of the bilateral trapezius and cervical paravertebral muscles. Spurling's test is positive. Examination of the lumbar spine reveals TTP of the bilateral SI joints and paravertebral muscles. There are muscle spasms of the bilateral gluteus and lumbar paravertebral muscles. Sitting straight leg raise test is positive. Examination of the right shoulder reveals decreased ROM. There is TTP of the anterior shoulder, lateral shoulder, and posterior shoulder. There is muscle spasm of the anterior shoulder, lateral shoulder, and posterior shoulder. Impingement test was positive. Examination of the left shoulder reveals TTP of the anterior shoulder, lateral shoulder, and posterior shoulder. Impingement test was positive. Current medications include Tramadol ER 150mg, Naproxen 550mg, Protonix 20mg, Zolpidem 10mg, Gabapentin 400mg, and Norflex 100mg. The IW has been taking the aforementioned medications since September 17, 2014. A urine drug screen dated October 15, 2014 was negative for all medications except for Tramadol. There were no

detailed pain assessments in the medical record. There was no evidence of objective functional improvement associated with the ongoing use of Naproxen, Zolpidem, Norflex, and Tramadol. The current request is for Naproxen 550mg #60, Tramadol ER 150mg #60, Norflex 100mg #90, and Zolpidem 10mg #30.

IMR ISSUES, DECISIONS AND RATIONALES

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

Naproxen 550mg #60 (NSAID): Upheld

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

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 Section, NSAIDs

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Naproxen 550 mg #60 is not medically necessary. Non-steroidal anti-inflammatory drugs are recommended at the lowest dose for the shortest period in patients with moderate to severe pain. There is no evidence to recommend one drug in this class over another based on efficacy. The main concern of selection is based on adverse effects. In this case, the injured worker's working diagnoses are cervical sprain/strain; lumbar sprain/strain; right shoulder sprain/strain; and left shoulder sprain/strain. Naproxen 550 mg was started, according to the documentation, on September 17, 2014. Documentation pursuant to an October, November and December 2014 progress notes show no objective functional improvement with its ongoing use. The guidelines recommend the lowest dose for the shortest period in patients with moderate to severe pain. Injured worker continues to complain of 7/10 (VAS score). Consequently, absent clinical documentation to support the ongoing use of naproxen, evidence of objective functional improvement, Naproxen 550 mg #60 is not medically necessary.

Tramadol ER 150mg #60 (narcotic): 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 Opiates Page(s): 74-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Pain Section, Opiates

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Tramadol ER 150 mg #60 is not medically necessary. Ongoing, chronic opiate use requires an ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. A detailed pain assessment should accompany ongoing opiate use. Satisfactory response may be indicated by the patient's decreased pain, increase level of function or improve all of your life. The lowest possible dose should be

prescribed to improve pain and function. The patient should set goals and the continued use of opiates should be contingent on meeting those goals. In this case, the injured worker's working diagnoses are cervical sprain/strain; lumbar sprain/strain; right shoulder sprain/strain; and left shoulder sprain/strain. Tramadol ER 150 mg was started, according to the documentation, on September 17, 2014. Documentation pursuant to an October, November and December 2014 progress notes show no objective functional improvement with its ongoing use. There were no detailed pain assessments. The documentation shows the injured worker continues to complain of 7/10 (VAS score). UDS dated October 15 was negative for everything but Tramadol. Consequently, absent clinical documentation to support the ongoing use of Tramadol ER 150 mg, evidence of objective functional improvement and ongoing pain (subjective), Tramadol ER 150 mg #60 is not medically necessary.

Norflex 100mg #90 (muscle relaxer): 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 Muscle Relaxants Page(s): 65-66. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Pain Section, Muscle Relaxants

Decision rationale: Pursuant to the Chronic Pain Treatment Guidelines and the Official Disability Guidelines, Norflex 100 mg #90 is not medically necessary. Muscle relaxants are recommended as a second line option for short-term (less than two weeks) treatment of acute low back pain and short-term treatment of acute exacerbations in patients with chronic low back pain. Efficacy appears to diminish over time and prolonged use may lead to dependence. In this case, the injured worker's working diagnoses are cervical sprain/strain; lumbar sprain/strain; right shoulder sprain/strain; and left shoulder sprain/strain. Tramadol ER 150 mg was started, according to the documentation, on September 17, 2014. Documentation pursuant to an October, November and December 2014 progress notes show no objective functional improvement with its ongoing use. There were no detailed pain assessments. The documentation shows the injured worker continues to complain of 7/10 (VAS score). UDS dated October 15 was negative for Norflex. Consequently, absent clinical documentation support ongoing use of Norflex 100mg, evidence of objective functional improvement, Norflex 100 mg #90 is not medically necessary.

Zolpidem 10mg #30 (treats insomnia): 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), Treatment Index, 11th Edition (web), 2013, Pain Chapter, 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 Section, Zolpidem

Decision rationale: Pursuant to the Official Disability Guidelines, Zolpidem 10 mg #30 is not medically necessary. Zolpidem is a short acting non-benzodiazepine hypnotic which is recommended for short-term (7 to 10 days) treatment of insomnia. For additional details see the Official Disability Guidelines. In this case, the injured worker's working diagnoses are cervical sprain/strain; lumbar sprain/strain; right shoulder sprain/strain; and left shoulder sprain/strain. The documentation did not contain any subjective symptoms or diagnoses related to insomnia. Zolpidem is a short acting, 7 to 10 day, treatment for insomnia. Zolpidem was started on September 17, 2014. As noted above, there was no discussion of insomnia and the treatment exceeded 7 to 10 days. UDS dated October 15 was negative for Zolpidem. Consequently, absent clinical documentation to support a symptom/diagnosis of insomnia and ongoing treatment well in excess of the recommended guidelines (7 to 10 days), Zolpidem 10 mg #30 is not medically necessary.