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| Case Number: | CM14-0214812 | | |
| Date Assigned: | 01/07/2015 | Date of Injury: | 02/27/2013 |
| Decision Date: | 02/24/2015 | UR Denial Date: | 11/12/2014 |
| Priority: | Standard | Application Received: | 12/22/2014 |

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: New Jersey
 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 worker is a 57 year old male who was injured on 2/27/13. He was diagnosed with right shoulder impingement/tendinitis, cervical strain, cervical disc degeneration with radiculopathy, lumbar strain, lumbar disc degeneration with radiculopathy, and left wrist carpal tunnel syndrome. He was treated with physical therapy, arthroscopy (right shoulder), and medications. On 11/4/14, the worker was seen by his orthopedic surgeon, reporting right shoulder pain (same as previous office visit), Physical examination findings documented "no change" from previous examination. He was then recommended to continue with aggressive strengthening/physical therapy and take Ambien and Tylenol #3.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tylenol # 3 300/30 mg # 60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids
 Page(s): 78-96.

Decision rationale: The MTUS Chronic Pain Guidelines state that for a therapeutic trial of opioids, there needs to be no other reasonable alternatives to treatments that haven't already been tried, there should be a likelihood that the patient would improve with its use, and there should be no likelihood of abuse or adverse outcome. Before initiating therapy with opioids, the MTUS Chronic Pain Guidelines state that there should be an attempt to determine if the pain is nociceptive or neuropathic (opioids not first-line therapy for neuropathic pain), the patient should have tried and failed non-opioid analgesics, goals with use should be set, baseline pain and functional assessments should be made (social, psychological, daily, and work activities), the patient should have at least one physical and psychosocial assessment by the treating doctor, and a discussion should be had between the treating physician and the patient about the risks and benefits of using opioids. Initiating with a short-acting opioid one at a time is recommended for intermittent pain, and continuous pain is recommended to be treated by an extended release opioid. Only one drug should be changed at a time, and prophylactic treatment of constipation should be initiated. In the case of this worker, Norco was used previous to this request and Tylenol #3 was then recommended. There was no a sufficient review documented in preparation for opioid use, including risk and benefits of this medication and plan for when to discontinue or wean post-surgically and goals with therapy. Without this full review, the Tylenol#3 cannot be justified and will be considered medically unnecessary.

Ambien 10 mg #30: 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) Chapter: Pain

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Pain Section, Ambien

Decision rationale: The MTUS Guidelines do not address the use of sedative hypnotics. However, the ODG states that sedative hypnotics are not recommended for long term use, but may be considered in cases of insomnia for up to 6 weeks duration in the first two months of injury only in order to minimize the habit-forming potential and side effects that these medications produce. In the case of this worker, he had been prescribed and using Ambien leading up to this request, without report on its benefits on the worker's sleep or side effects seen in the documentation provided for review. Regardless, the request for 30 pills suggests the intention was to treat with this sedative hypnotic for longer than the recommended duration of up to 6 weeks, and continuation would be considered medically unnecessary.