

<b>Case Number:</b>	CM14-0215970		
<b>Date Assigned:</b>	01/06/2015	<b>Date of Injury:</b>	03/12/2001
<b>Decision Date:</b>	02/25/2015	<b>UR Denial Date:</b>	11/24/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	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

Certification(s)/Specialty: Physical Medicine & Rehabn

### 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 56 year old female with a date of injury of March 12, 2001. The results of the injury include the neck, lower back, bilateral shoulder, and left knee. Diagnosis include cervical disc herniation with left upper extremity radiculitis, worsening left sided cervical radiculopathy, lumbar spinal stenosis, status post laminectomy with worsening pain and left lower extremity radiculopathy, right shoulder rotator cuff syndrome, right knee posttraumatic osteoarthritis, post arthroscopic surgery, left knee medial compartmental osteoarthritis, posttraumatic. X-ray of the bilateral knee revealed slight posttraumatic osteoarthritis on the right and medial compartment osteoarthritis on the left. Treatment has included pain medication, rest, ice, and hot showers. Progress report dated November 3, 2014 showed decrease range of motion to the cervical spine with tenderness to the paraspinals and trapezius muscles bilaterally. There was a positive Spurlings on the left. Cervical compression test was positive. Examination of the lumbar spine revealed decreased range of motion with a positive Kemp's sign bilaterally. Straight leg raise test was positive on the right at 60 degrees and on the left at 70 degrees. Examination of the right shoulder showed significantly decreased range of motion. There was a positive Hawkins' and Neer's impingement. Work status was documented as working. The treatment plan included Tens patch unit, urine toxicology screen, pain management consultation, Magnetic Resonance Imaging (MRI) of the left shoulder, Norco, Ambien, and Nexium. Utilization Review form dated November 24, 2014 non-certified MRI left shoulder, Ambien 10 mg # 30, and Nexium 40 mg # 30 due to lack of compliance with MTUS and Official Disability Guidelines.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**MRI (L) shoulder:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 208. Decision based on Non-MTUS Citation Official Disability Guidelines, Shoulder Chapter, Magnetic Resonance Imaging (MRI)

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 207-209.

**Decision rationale:** Six medical reports from 6/24/14 through 11/10/14 have been provided for this review. The records show the patient had right shoulder pain from 8/19/14 and bilateral shoulder pain on 9/22/14 and 11/10/14. The physical examination appears to show only the right shoulder. The physician requests an MRI of the left shoulder, but the provided records do not contain a physical exam of the left shoulder, and no documentation of conservative care for the left shoulder. MTUS/ACOEM Practice Guidelines, 2nd Edition (2004), Shoulder Complaints Chapter 9 Special Studies and Diagnostic and Treatment Considerations, page 207- 209 states: For most patients with shoulder problems, special studies are not needed unless a four- to six-week period of conservative care and observation fails to improve symptoms. The available reports do not document a 4-6 week period of conservative care for the left shoulder, and there are no reported physical exam findings for the left shoulder. The request for the MRI, left shoulder, is not medically necessary.

**Ambien 10mg #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, Pain, Treatment of insomnia

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Pain Chapter, Insomnia Treatment, Pain Chapter, Zolpidem

**Decision rationale:** Six medical reports from 6/24/14 through 11/10/14 have been provided for this review. The records show the patient has been prescribed Ambien since 6/24/14. The available reports do not discuss any sleep problems, insomnia or detail any possible etiology for a sleep problem. MTUS does not discuss Ambien, so ODG guidelines were consulted. ODG guidelines, Pain chapter online for Insomnia treatment, states recommend that treatment be based on the etiology, with the medications recommended below. See also Insomnia. For more detail on Insomnia treatment, see the Mental Chapter. Pharmacological agents should only be used after careful evaluation of potential causes of sleep disturbance. Failure of sleep disturbance to resolve in a 7 to 10 day period may indicate a psychiatric and/or medical illness. Primary insomnia is generally addressed pharmacologically. Secondary insomnia may be treated with pharmacological and/or psychological measures. The specific component of insomnia should be

addressed: (a) Sleep onset; (b) Sleep maintenance; (c) Sleep quality; & (d) Next-day functioning. ODG-TWC guidelines, Pain chapter, for Zolpidem (Ambien) states: Zolpidem is a prescription short-acting non-benzodiazepine hypnotic, which is recommended for short-term (7-10 days) treatment of insomnia. The records did not discuss the components or etiology of insomnia. The patient has used Ambien for over 10 days which exceeds the ODG-TWC guideline recommendations. The continued use of Ambien 10mg, #30 is not medically necessary.

**Nexium 40mg #30:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 67-69.

**Decision rationale:** Six medical reports from 6/24/14 through 11/10/14 have been provided for this review. The records show that Nexium was first prescribed on 11/10/14. Nexium is a proton pump inhibitor (PPI). The available reports do not provide a rationale for Nexium. MTUS Chronic Pain Medical Treatment Guidelines page 68-69 under NSAIDs, GI symptoms & cardiovascular risk, for Treatment of dyspepsia secondary to NSAID therapy states: Stop the NSAID, switch to a different NSAID, or consider H2-receptor antagonists or a PPI. Also determine if the patient is at risk for gastrointestinal events: (1) age > 65 years; (2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of ASA, corticosteroids, and/or an anticoagulant; or (4) high dose/multiple NSAID. MTUS Chronic Pain Medical Treatment Guidelines page 68-69 under NSAIDs, GI symptoms & cardiovascular risk, for Treatment of dyspepsia secondary to NSAID therapy: Stop the NSAID, switch to a different NSAID, or consider H2-receptor antagonists or a PPI. The patient is not reported to have been at risk for GI events that would allow for use of Nexium on a prophylactic basis, and there are no reports that show the patient is taking NSAIDs or has dyspepsia or GERD, heartburn or ulcer that would require Nexium as a treatment. The request for Nexium is not medically necessary.