

Case Number:	CM15-0001556		
Date Assigned:	01/12/2015	Date of Injury:	11/17/2011
Decision Date:	03/10/2015	UR Denial Date:	12/08/2014
Priority:	Standard	Application Received:	01/05/2015

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: Preventive Medicine, Occupational 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:

Injured worker is a male with date of injury 11/17/2011. Per primary treating physician's progress report dated 12/1/2014, the injured worker complains of neck pain, right shoulder pain and pain in the bilateral legs which radiates into his feet. He is working and denies any new injuries or accidents since his last office visit. He is currently utilizing Naprosyn 1 tablet twice a day and gabapentin 1 tablet 3 times a day for pain. He utilizes Prilosec for any side effects from his medication. He rarely takes Norco and may take 1-3 per month. He is noting functional improvement and improvement in pain with his current medication regimen. His right shoulder pain is rated 3-5/10 with the use of his medications and 6-8/10 without medications. His neck pain is rated 1/10 with medications and 3/10 without medications. He notes improvement with activities of daily living as well as increased ability to reach above shoulder level, walk and work as a result of his current medication usage. On examination Jamar grip dynamometer strength readings revealed 26/24/22 kg on the right and 28/28/22 kg on the left. There is +2 tenderness right posterior shoulder and supraspinatus. The right trapezius is tender. Active range of motion of the right shoulder is slightly reduced in all planes compared to the left. There is evidence of hypersensitivity and hyposensitivity of his skin with multiple incidents of getting cuts and scrapes without noting how he got them. Diagnoses include 1) status post quadriplegic 2) status post cervical spine fusion 3) adhesive capsulitis, right shoulder 4) CPAP 5) bladder dysfunction 6) severe constipation and GI issues 7) parasympathetic problems with the lower and upper extremities 8) status post right shoulder arthroscopy, SAD, DCR, debridement of labrum.

IMR ISSUES, DECISIONS AND RATIONALES

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

Urine drug screen: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug Testing section Opioids Criteria for Use section Page(s): 43, 112.

Decision rationale: The use of urine drug screening is recommended by the MTUS Guidelines, in particular when patients are being prescribed opioid pain medications and there are concerns of abuse, addiction, or poor pain control. The requesting physician notes that urine drug screen is used to assess medication compliance, and the injured worker is currently taking Norco, Xanax, Baclofen and Ambien. Utilization review modified the request to certify a 10-panel random urine drug screen for qualitative analysis with confirmatory laboratory testing only performed on inconsistent results. The request for urine drug screen in the management of this injured worker's pain is consistent with the recommendations of the MTUS Guidelines. The request for urine drug screen is determined to be medically necessary.

Physical Therapy 2 times a week for 4 weeks, right shoulder: Overturned

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 27.

Decision rationale: The requesting physician explains that the injured worker did have good progress with post-operative therapy. The injured worker had right shoulder surgery on 7/24/2014. Physical therapy treatment note dated 10/17/2014 indicates that the injured worker had 16 sessions of post-operative therapy. The injured worker was noted to have mild problems with mild to moderate difficulty with treatment measures, and was short of target goals. He has shown good progress in all measures as a result of physical therapy. The MTUS Guidelines indicate that the postsurgical physical medicine treatment period for rotator cuff syndrome/impingement syndrome is 6 months, and the postsurgical treatment recommendations for arthroscopic repair is 24 visits over 14 weeks. The injured worker is still in the postsurgical treatment period, and an additional 8 visits will bring him to a total of 24 visits. This request is consistent with the recommendations of the MTUS Guidelines. The request for Physical Therapy 2 times a week for 4 weeks, right shoulder is determined to be medically necessary.

Neurology consult: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 78, 79, 90.

Decision rationale: The requesting physician explains that neurology consult is necessary because the injured worker had C2 fracture and needs to have neurology continue to monitor his neurological status. He has not had neurology evaluation for over 2 years. Per the MTUS Guidelines, the clinician acts as the primary case manager. The clinician provides medical evaluation and treatment and adheres to a conservative evidence-based treatment approach that limits excessive physical medicine usage and referral. The clinician should judiciously refer to specialists who will support functional recovery as well as provide expert medical recommendations. Referrals may be appropriate if the provider is uncomfortable with the line of inquiry, with treating a particular cause of delayed recovery, or has difficulty obtaining information or agreement to a treatment plan. This request is consistent with the MTUS Guidelines, and is necessary in the management of this injured worker. The request for Neurology consult is determined to be medically necessary.

Xanax 0.5 mg #90 with 1 refill: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines section Muscle Relaxants (For Pain) section Weaning of Medications section Pag.

Decision rationale: The requesting physician explains that the injured worker takes Xanax for his abdominal and intestinal tightness as a result of the C2 fracture. The MTUS Guidelines recommend the use of non-sedating muscle relaxants with caution as a second-line option for short term treatment of acute exacerbations in patients with chronic low back pain. Muscle relaxants may be effective in reducing pain and muscle tension, and increasing mobility. However, in most LBP cases, they show no benefit beyond NSAIDs in pain and overall improvement. Also there is no additional benefit shown in combination with NSAIDs. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. Sedation is the most commonly reported adverse effect of muscle relaxant medications. These drugs should be used with caution in patients driving motor vehicles or operating heavy machinery. Benzodiazepines are not recommended for spasticity due to rapid development of tolerance and dependence. There appears to be little benefit for the use of this class of drugs over nonbenzodiazepines for the treatment of spasm. The MTUS Guidelines do not recommend the use of benzodiazepines for long-term use because long-term efficacy is unproven and there is a risk of dependence, and long-term use may actually increase anxiety. The injured worker has already been on this medication for over four weeks, and tapering is recommended when used for greater than two weeks. This request is for continued use, and not for tapering or weaning off the medication. The request for Xanax 0.5 mg #90 with 1 refill is determined to not be medically necessary.

Ambien 10 mg # 30 with 1 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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Insomnia section

Decision rationale: The MTUS Guidelines do not address the use of zolpidem. Per the Official Disability Guidelines, pharmacological agents should only be used for insomnia management 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 whereas secondary insomnia may be treated with pharmacological and/or psychological measures. Zolpidem reduces sleep latency and is indicated for the short-term treatment (7-10 days) of insomnia with difficulty of sleep onset and/or sleep maintenance. Adults who use zolpidem have a greater than 3-fold increased risk for early death. Due to adverse effects, FDA now requires lower doses for zolpidem. The dose for women should be reduced from 10 mg to 5 mg for immediate release products and from 12.5 mg to 6.25 mg for extended release products. The medical records do not address the timeline of the insomnia or evaluation for the causes of the insomnia. The medical records do not indicate that non-pharmacological modalities such as cognitive behavioral therapy or addressing sleep hygiene practices prior to utilizing a pharmacological sleep aid. The requesting physician explains that Ambien is prescribed for sleep, and the injured worker will try to decrease the frequency to 2-3 per week. The amount prescribed is not consistent with 2-3 per week frequency. The request for Ambien 10 mg # 30 with 1 refill is determined to not be medically necessary.