

Case Number:	CM15-0003330		
Date Assigned:	01/14/2015	Date of Injury:	02/28/2012
Decision Date:	03/16/2015	UR Denial Date:	12/12/2014
Priority:	Standard	Application Received:	01/07/2015

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: Physical Medicine & Rehabilitation

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 58 year old female, who sustained an industrial injury on 2/28/12. She has reported right shoulder pain. The diagnoses have included pain in shoulder joint, brachial neuritis or radiculitis and myalgia and myositis. Treatment to date has included physical therapy, medications and trigger point injection of right shoulder. Currently, the IW complains of achy right shoulder pain and poor sleep. Progress report dated 11/28/14 noted limited range of motion of right shoulder and tenderness to palpation of proximal interphalangeal joint of thumb and distal interphalangeal joint of thumb. On 12/12/14 Utilization Review submitted a modified certification for Ambien 5 mg #30 to #20, noting it is approved for short term use and the Injured Worker has been on it long term, modified request to wean. The ODG was cited. Utilization review non-certified Valium 10 mg #30 as it is not recommended for long term use. The MTUS guidelines were cited. Utilization Review non-certified Prilosec 20 mg # 30 noting the Injured Worker is not at intermediate risk of gastrointestinal event. The MTUS Guidelines were cited. On 1/7/15, the injured worker submitted an application for IMR for review of Ambien 5mg #30 modified to #20, and Valium 10 mg #30 and Prilosec 20 mg #30.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ambien 5mg, #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) Pain, Zolpidem

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Pain (Chronic) Chapter, Zolpidem (Ambien)

Decision rationale: The patient presents with pain in right shoulder, arm and hand rated as 7/10. The request is for AMBIEN 5MG, #30. The request for authorization is dated 11/28/14. Right shoulder range of motion is restricted. Hawkins and shoulder crossover tests are positive. There is tenderness to palpation over the proximal and distal interphalangeal joint of thumb on the right hand. Patient's medications include Ambien, Naproxen Sodium, Valium, Wellbutrin, Trazodone, Percocet and Prilosec. Per progress report dated 11/21/14, treater states "Patient shows no evidence of developing medication dependency... [patient] states that medications are helping." Patient is temporarily totally disabled.ODG-TWC, Pain (Chronic) Chapter, Zolpidem (Ambien) Section states: "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. (Feinberg, 2008)"Per progress report dated 11/21/14, treater's reason for the request is "Quality of sleep is poor." ODG recommends Ambien for only short-term use (7-10 days), due to negative side effect profile. However, the treater does not document or discuss it's efficacy and how it has been or is to be used. Furthermore, the request for quantity 30 does not indicate intended short-term use of this medication. The request is not inline with guideline indications, therefore, the request IS NOT medically necessary.

Valium 10mg, #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24.

Decision rationale: The patient presents with pain in right shoulder, arm and hand rated as 7/10. The request is for VALIUM 10MG, #30. The request for authorization is dated 11/28/14. Right shoulder range of motion is restricted. Hawkins and shoulder crossover tests are positive. There is tenderness to palpation over the proximal and distal interphalangeal joint of thumb on the right hand. Patient's medications include Ambien, Naproxen Sodium, Valium, Wellbutrin, Trazodone, Percocet and Prilosec. Per progress report dated 11/21/14, treater states "Patient shows no evidence of developing medication dependency... [patient] states that medications are helping." Patient is temporarily totally disabled.MTUS Guidelines, page 24, CHRONIC PAIN MEDICAL

TREATMENT GUIDELINES: Benzodiazepines. Not recommended for long-term use because long-term efficacy is unproven and there is a risk of dependence. Most guidelines limit use to 4 weeks. Their range of action includes sedative/hypnotic, anxiolytic, anticonvulsant, and muscle relaxant. Per progress report dated 11/21/14, treater's reason for the request is "Quality of sleep is poor." Valium was prescribed in progress reports dated 04/16/14 and 11/21/14. MTUS does not recommend long term use of this medication. Therefore, the request IS NOT medically necessary.

Prilosec 20mg, #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms and cardiovascular risk Page(s): 68-69.

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

Decision rationale: The patient presents with pain in right shoulder, arm and hand rated as 7/10. The request is for PRILOSEC 20MG, #30. The request for authorization is dated 11/28/14. Right shoulder range of motion is restricted. Hawkins and shoulder crossover tests are positive. There is tenderness to palpation over the proximal and distal interphalangeal joint of thumb on the right hand. Patient's medications include Ambien, Naproxen Sodium, Valium, Wellbutrin, Trazodone, Percocet and Prilosec. Per progress report dated 11/21/14, treater states "Patient shows no evidence of developing medication dependency... [patient] states that medications are helping." Patient is temporarily totally disabled. Regarding NSAIDs and GI/CV risk factors, MTUS requires determination of risk for GI events including age >65; history of peptic ulcer, GI bleeding or perforation; concurrent use of ASA, corticosteroids, and/or an anticoagulant; or high dose/multiple NSAID. MTUS pg 69 states "NSAIDs, GI symptoms and cardiovascular risk,; Treatment of dyspepsia secondary to NSAID therapy: Stop the NSAID, switch to a different NSAID, or consider H2-receptor antagonists or a PPI." Treater has not provided reason for the request. In this case, treater has not documented GI assessment to warrant a prophylactic use of a PPI. Additionally, treater has not indicated how the patient is doing, what gastric complaints there are, and why he needs to continue. Furthermore, per progress report dated 11/21/14, treater has discontinued use of Naproxen Sodium, and no other NSAID was prescribed. Therefore, the request IS NOT medically necessary.