

Case Number:	CM15-0011403		
Date Assigned:	01/29/2015	Date of Injury:	05/02/2012
Decision Date:	03/25/2015	UR Denial Date:	01/13/2015
Priority:	Standard	Application Received:	01/21/2015

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 44 year old male, who sustained an industrial injury on 5/2/2012. The current diagnoses are status post right shoulder surgery (12/3/2014), unspecified disorders of the bursae and tendons of the shoulder region, infraspinatus sprain/strain, opioid-type dependence, and supraspinatus sprain/strain. Currently, the injured worker complains of right shoulder pain. The pain is rated 7/10 on a subjective pain scale. The pain is characterized as constant, deep, aching, shooting, numbness and pins and needles and pressure-like. Current medications are Percocet, Norco, Butrans patch, Duexis, and Ambien. Treatment to date has included medications, physical therapy, and surgery. The treating physician is requesting Percocet 7.5/325mg, Ambien 10mg, and Duexis 800/26.3mg, which is now under review. On 1/13/2015, Utilization Review had non-certified a request for Percocet 7.5/325mg, Ambien 10mg, and Duexis 800/26.3mg. The California MTUS Chronic Pain and Official Disability Guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Percocet 7.5/325mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for Chronic Pain Page(s): 80.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CRITERIA FOR USE OF OPIOIDS Page(s): 76-78, 88-89.

Decision rationale: This patient presents with right shoulder pain. The treater has asked for PERCOCET 7.5/325MG on 12/30/14. Patient has been taking Percocet since 9/24/14 report. For chronic opioids use, MTUS Guidelines pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. The patient's work status is not stated in provided documentation. In this case, the treater indicates a decrease in pain with current medications which include Percocet, stating pain gets better by taking medications" per 9/24/14 report. But there is no discussion of this medication's efficacy in terms of functional improvement using numerical scale or validated instrument. Quality of life change, or increase in specific activities of daily living are not discussed. There is no discussion of return to work or change in work status attributed to the use of the opiate. Urine toxicology has been asked for but no other aberrant behavior monitoring is provided such as CURES report. Given the lack of sufficient documentation regarding chronic opiates management as required by MTUS, a slow taper off the medication is recommended at this time. The request IS NOT medically necessary.

Ambien 10mg: 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), Zolpidem (Ambien)

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

Decision rationale: This patient presents with right shoulder pain. The treater has asked for AMBIEN 10MG on 12/30/14. Patient has been taking Ambien since 11/5/14 report. Regarding Ambien, ODG guidelines recommend for the short-term treatment--2 to 6 week period--of insomnia with difficulty of sleep onset (7-10 days). Not recommended 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. The patient's work status is not stated in provided documentation. In this case, the patient has a chronic pain condition. The patient has been taking Ambien for over a month. MTUS recommends Ambien only for short term use of 7 to 10 days. The request IS NOT medically necessary.

Duexis 800/26.3mg: 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 (chronic), and Low Back Chapter

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Anti-inflammatory medications Page(s): 69, 22. Decision based on Non-MTUS Citation FDA labeled indication: DUEXIS

Decision rationale: This patient presents with right shoulder pain. The treater has asked for DUEXIS 800/26.3MG on 12/30/14. Per FDA labeled indication, Duexis is a combination of the NSAID ibuprofen and the histamine H2-receptor antagonist famotidine indicated for the relief of signs and symptoms of rheumatoid arthritis and osteoarthritis and to decrease the risk of developing upper gastrointestinal ulcers, which in the clinical trials was defined as a gastric and/or duodenal ulcer, in patients who are taking ibuprofen for those indications. The clinical trials primarily enrolled patients less than 65 years of age without a prior history of gastrointestinal ulcer. The patient's work status is not stated in provided documentation. In this case, the patient presents with a chronic pain condition of the right shoulder, for which an NSAID such as Ibuprofen is indicated. However, there are no documentation of any GI issues such as GERD, gastritis or PUD for which a histamine H2-receptor antagonist such as Famotidine may be indicated. The treater does not explain why this combination NSAID/histamine H2-receptor antagonist is being prescribed. The request IS NOT medically necessary.