

| | | | |
|-----------------------|--------------|------------------------------|------------|
| Case Number: | CM15-0017415 | | |
| Date Assigned: | 02/05/2015 | Date of Injury: | 04/27/2011 |
| Decision Date: | 03/30/2015 | UR Denial Date: | 01/16/2015 |
| Priority: | Standard | Application Received: | 01/29/2015 |

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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular 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:

The injured worker is a 54 year old female, who sustained an industrial injury on January 10, 2013. The diagnoses have included bilateral shoulder impingement syndrome, with left rotator cuff tear, left elbow lateral epicondylectomy with persistent pain, right elbow epicondylitis, cervical discogenic pain and stress with depression. A progress note dated December 29, 2014 provides the injured worker complains of neck, shoulder and elbow pain. Physical exam revealed decreased range of motion (ROM) of the shoulders, tenderness of the elbows and decreased grip strength in both hands. The plan is for psychiatrist and psychologist for psychotherapy and Relafen for inflammation and pain as well as Ambien for sleep. On January 16, 2015 utilization review non-certified a request for Ambien 5mg # 30 with 3 refills and modified a request for Relafen 500mg # 60 with 3 refills. The Medical Treatment Utilization Schedule (MTUS) were utilized in the determination. Application for independent medical review (IMR) is dated January 29, 2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ambien 5mg # 30 with 3 refills: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Treatment in Workers Compensation, Online Edition, Pain Chapter

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

Decision rationale: The injured worker is a 54 year old female, who sustained an industrial injury on January 10, 2013. The diagnoses have included bilateral shoulder impingement syndrome, with left rotator cuff tear, left elbow lateral epicondylectomy with persistent pain, right elbow epicondylitis, cervical discogenic pain and stress with depression. A progress note dated December 29, 2014 provides the injured worker complains of neck, shoulder and elbow pain. Physical exam revealed decreased range of motion (ROM) of the shoulders, tenderness of the elbows and decreased grip strength in both hands. The plan is for psychiatrist and psychologist for psychotherapy and Relafen for inflammation and pain as well as Ambien for sleep. On January 16, 2015 utilization review non-certified a request for Ambien 5mg # 30 with 3 refills and modified a request for Relafen 500mg # 60 with 3 refills. The Medical Treatment Utilization Schedule (MTUS) were utilized in the determination. Application for independent medical review (IMR) is dated January 29, 2015.

Relafen 500mg # 60 with 3 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 67-73.

Decision rationale: Relafen 500mg # 60 with 3 refills is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The guidelines state that NSAIDs are recommended as an option at the lowest dose for short-term symptomatic relief of chronic low back pain, osteoarthritis pain, and for acute exacerbations of chronic pain. The Additionally NSAIDs have associated risk of adverse cardiovascular events, new onset or worsening of pre-existing hypertension, ulcers and bleeding in the stomach and intestines at any time during treatment, elevations of one or more liver enzymes may occur in up to 15% of patients taking NSAIDs and may compromise renal function. The request for three refills of Relafen is not medically necessary without monitoring for side effects (in this case the patient has had a history of GERD) from the medication as well as functional improvement and pain relief with continued use. Therefore, the request for Relafen 500mg #60 with 3 refills is not medically necessary.