

<b>Case Number:</b>	CM15-0117113		
<b>Date Assigned:</b>	07/01/2015	<b>Date of Injury:</b>	01/05/2011
<b>Decision Date:</b>	08/11/2015	<b>UR Denial Date:</b>	05/18/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/17/2015

### 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: Massachusetts

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

### 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 48 year old female, who sustained an industrial injury on 01/05/2011. She has reported subsequent neck, back, right shoulder and right wrist pain and was diagnosed with osteoarthritis of the shoulder, other tenosynovitis of the hand/wrist and contusion of knee. The injured worker was also diagnosed with major depressive disorder. Treatment to date has included medication, acupuncture, home exercise program, bracing and an H wave unit. In a progress note dated 03/16/2015, the injured worker reported continued 6-7/10 pain in the neck, upper back, right shoulder and right wrist. Objective findings were notable for bilateral trapezius spasms right greater than left, decreased range of motion of the cervical spine, pain with range of motion of the right wrist, positive Finkelstein, Tinel's, Phalen's sign, severe tremors with intention, decreased sensation of the thumb, thenar atrophy and tenderness to palpation at the base of the thumb. Work status remained as modified with no lifting but the injured worker was not working due to no availability for modified duties. A request for authorization of Ultram extended release 300 mg quantity of 30 with three refills, Celebrex 200 mg quantity of 30 with three refills and Ambien 10 mg quantity of 30 with one refill was submitted. The injured worker is a 48 year old female patient who sustained an industrial injury on 05/14/2012. A recent progress note dated 03/23/2015 reported the patient with subjective complaint of continuing to work through stress in therapy and is showing improved affect. The assessment found the patient with major depressive disorder, severe, recurrent. The plan of care noted continuing with cognitive behavioral therapy session and psychotropic medication management. A primary treating office visit dated 04/13/2015 reported unchanged plan of care, treating diagnoses,

subjective/objective data. A follow up dated 03/23/2015 reported the treating diagnoses as: osteoarthritis, unspecified shoulder; non-traumatic complete rupture; tenosynovitis hand, and knee contusion. The plan of care noted prescribing Flexeril 10mg by mouth BID as needed, continuing with cognitive therapy session and follow up in 6 weeks. She is to return to a modified work duty 03/16/2015. Current medications are: NSAID's, Compazine, Benadryl, Wellbutrin, Ultram ER, Colace, and Lyrica. She discontinued attending acupuncture sessions stating they don't help. She is still using the wrist brace and her H-wave is not yet repaired. Surgical history to include: 01/09/2012 right shoulder scope repair acromioplasty; 07/09/2012 right tunnel release and trigger thumb release; 02/21/2013 right shoulder scope.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Ultram extended release 300mg quantity 30 with three refills:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 93-94; 78-80; 124.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines (1) Opioids, criteria for use, (2) Opioids, dosing Page(s): 76-80, 86.

**Decision rationale:** The claimant sustained a work injury in January 2011 and continues to be treated for neck, upper back, and right shoulder and wrist pain and major depressive disorder. When seen, she was having constant cervical pain radiating into the right trapezius and upper extremity. She was having difficulty sleeping. There was decreased right shoulder range of motion. There was trapezius muscle tenderness with muscle spasms. Finkelstein, Tinel's, and Phalen's testing was positive. There was decreased sensation. Ultram ER (tramadol) is a sustained release opioid used for treating baseline pain. In this case, it is being prescribed as part of the claimant's ongoing management. Although there are no identified issues of abuse or addiction and the total MED is less than 120 mg per day, there is no documentation that this medication is providing decreased pain, increased level of function, or improved quality of life. Continued prescribing was not medically necessary.

**Celebrex 200mg quantity 30 with three refills:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Non Steroidal Anti Inflammatory Drugs Page(s): 67-68; 70.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, specific drug list & adverse effects Page(s): 68-71.

**Decision rationale:** The claimant sustained a work injury in January 2011 and continues to be treated for neck, upper back, and right shoulder and wrist pain and major depressive disorder. When seen, she was having constant cervical pain radiating into the right trapezius and upper extremity. She was having difficulty sleeping. There was decreased right shoulder range of motion. There was trapezius muscle tenderness with muscle spasms. Finkelstein, Tinel's, and

Phalen's testing was positive. There was decreased sensation. Guidelines recommend an assessment of GI symptoms and cardiovascular risk when NSAIDs are used. The claimant does not have identified risk factors for a GI event. The claimant is under age 65 and has no history of a peptic ulcer, bleeding, or perforation. There is no documented history of dyspepsia secondary to non-steroidal anti-inflammatory medication therapy. In this clinical scenario, guidelines do not recommend prescribing a selective COX-2 medication such as Celebrex over a non-selective medication. The request is not medically necessary.

**Ambien 10mg quantity 30 with one 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, Pain, Insomnia Treatment.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) (1) Chronic Pain, Zolpidem (2) Mental Illness & Stress, Insomnia (3) Mental Illness & Stress, Insomnia treatment.

**Decision rationale:** The claimant sustained a work injury in January 2011 and continues to be treated for neck, upper back, and right shoulder and wrist pain and major depressive disorder. When seen, she was having constant cervical pain radiating into the right trapezius and upper extremity. She was having difficulty sleeping. There was decreased right shoulder range of motion. There was trapezius muscle tenderness with muscle spasms. Finkelstein, Tinel's, and Phalen's testing was positive. There was decreased sensation. Ambien (zolpidem) is a prescription short-acting nonbenzodiazepine hypnotic, which is approved for the short-term (usually two to six weeks) treatment of insomnia and is rarely recommended for long-term use. It can be habit-forming, and may impair function and memory and may increase pain and depression over the long-term. The treatment of insomnia should be based on the etiology and pharmacological agents should only be used after careful evaluation of potential causes of sleep disturbance. Primary insomnia is generally addressed pharmacologically. Secondary insomnia may be treated with pharmacological and/or psychological measures. In this case, the nature of the claimant's sleep disorder is not provided. Whether the claimant has primary or secondary insomnia has not been determined. The requested Ambien was not medically necessary.