

Case Number:	CM15-0117134		
Date Assigned:	06/24/2015	Date of Injury:	03/08/2013
Decision Date:	07/31/2015	UR Denial Date:	05/19/2015
Priority:	Standard	Application Received:	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: California, Hawaii

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 55 year old male patient who sustained an industrial injury on 03/08/2013. The accident was described as while working he was subjected to repetitive trauma during the course of employment. He described having had a syncope episode and noted hospitalization. His complaints included feelings of anxiety and depression along with frequent bouts of dizziness. A primary treating office visit dated 03/12/2015 reported primary subjective complaints of having bilateral shoulder pain with popping, weakness especially with repetitive activities and forceful movements at or above shoulder level. He has bilateral wrist numbness, tingling involving the first to fourth digits with decreased grip strength and interrupted sleep. Objective findings showed tenderness to palpation over the subacromial regions, acromioclavicular joints, supraspinatus tendons and parascapular musculature. Crepitus is present. The following diagnoses were applied: bilateral shoulder tendinitis / impingement / acromioclavicular joint osteoarthritis, subacromial-subdeltoid bursitis, and supraspinatus tendon / infraspinatus tendon tears and biceps tendinitis, bilaterally per ultra sound 09/2014. Previous failed conservative treatment included: work modification, oral medications, manipulative chiropractic therapy session and diagnostic testing. There has also been psychiatric evaluation. The plan of care involved possible injections, surgical consultation and follow up visit.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco (Hydrocodone/APAP) 5-325mg qty: 60.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids-pain treatment agreement Page(s): 89, 91.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96.

Decision rationale: The patient presents with feelings of anxiety and depression with frequent bouts of dizziness, bilateral shoulder pain with popping, weakness especially with repetitive activities and forceful movements at or above shoulder level, bilateral wrist numbness, tingling involving the first to fourth digits with decreased grip strength and interrupted sleep. The current request is for Norco (Hydrocodone/APAP) 5-325mg qty: 60. The treating physician states, in a report dated 04/28/15, "Norco (Hydrocodone/APAP) 5-325mg qty: 60 for treatment of chronic pain syndromes." (129B) The MTUS guidelines state, "document pain and functional improvement and compare to baseline. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Information from family members or other caregivers should be considered in determining the patient's response to treatment. Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS also requires documentation of the four A's (analgesia, ADL's, Adverse effects and Adverse behavior). In this case, such documentation is not provided. MTUS further discusses under "outcome measures," documentation of average pain level, time it takes for medication to work, duration of relief with medication, etc. are required. In this patient, none of these are provided. The documentation provided is inadequate to show medication efficacy and the treating physician has failed to meet the MTUS guidelines. The current request is not medically necessary.

Cyclobenzaprine (Fexmid) 10mg qty: 60.00: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants for pain, Cyclobenzaprine (Flexeril) Page(s): 41, 64.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 63-66.

Decision rationale: The patient presents with feelings of anxiety and depression with frequent bouts of dizziness, bilateral shoulder pain with popping, weakness especially with repetitive activities and forceful movements at or above shoulder level, bilateral wrist numbness, tingling involving the first to fourth digits with decreased grip strength and interrupted sleep. The current request is for Cyclobenzaprine (Fexmid) 10mg qty: 60. The treating physician states, in a report dated 04/28/15, "Cyclobenzaprine (Fexmid) 10mg qty: 60 treatment of spasm to resume activity and function." (129B) The MTUS guidelines state, "Recommended for a short course of therapy. Limited, mixed-evidence does not allow for a recommendation for chronic use. Cyclobenzaprine is a skeletal muscle relaxant and a central nervous system depressant with similar effects to tricyclic antidepressants (e.g. amitriptyline)." In this case, in the records available for review, there is no indication that this drug has been previously prescribed. A short course of therapy is within MTUS guidelines and it does not appear this drug is being used to treat a chronic condition. The current request is medically necessary.

Sonata (Zaleplon) 10mg qty: 30.00: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), WebMD.com.

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

Decision rationale: The patient presents with feelings of anxiety and depression with frequent bouts of dizziness, bilateral shoulder pain with popping, weakness especially with repetitive activities and forceful movements at or above shoulder level, bilateral wrist numbness, tingling involving the first to fourth digits with decreased grip strength and interrupted sleep. The current request is for Sonata (Zaleplon) 10mg qty: 30. The treating physician states, in a report dated 04/28/15, "Sonata (Zaleplon) 10mg qty: 30 patient has failed behavioral techniques for improved sleep and has sleep difficulty." (129B) The MTUS guidelines are silent on the matter of Zaleplon. The ODG guidelines state, "Zaleplon (Sonata) reduces sleep latency. This medication has a rapid onset of action. Short-term use (7-10 days) is indicated with a controlled trial showing effectiveness for up to 5 weeks." In this case, the treating physician has documented failure of conservative treatment (behavioral techniques for improved sleep) and short-term use is within the ODG Guidelines. The current request is medically necessary.