

Case Number:	CM15-0118120		
Date Assigned:	06/26/2015	Date of Injury:	10/20/2011
Decision Date:	07/27/2015	UR Denial Date:	05/27/2015
Priority:	Standard	Application Received:	06/18/2015

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 (IW) is a 54 year old female who sustained an industrial injury on 10/20/2011. She reported pain in the right lower extremity, right shoulder, and right knee. The injured worker was diagnosed as having pain in the joint of shoulder; shoulder region disorders not elsewhere classified; brachial neuritis or radiculitis not otherwise specified; and cervicgia. Treatment to date has included corticosteroid injection of the right shoulder (06/25/2014), and oral medications. Currently, the injured worker complains of right lower extremity pain, right shoulder pain, and right knee pain. The pain is rated as 7/10. The pain is characterized as sharp, and it radiates to the right thigh, right knee, right leg, and right foot. She describes the pain as severe and associated with weakness of the right leg. She states that medication makes the pain tolerable by helping the pain. Her pain level has been unchanged over the past week, and her quality of sleep is poor. She reports two falls from knee weakness of the right leg in the past two months. Current medications include Ultracet, Pantoprazole, Zolpidem, Terocin, and Lidopro. On examination, she has a right sided antalgic gait; her cervical spine range of motion is restricted as is the range of motion in the shoulder. The left hand has a brace present. The right knee has a large surgical scar with tenderness to palpation noted over the patella of the right knee. The left knee is unaffected. On sensory exam, there is a decrease in the ability to feel light touch over the medial calf, lateral calf, medial thigh, lateral thigh, medial forearm, and lateral forearm on the right. The treatment plan of care is to refer the worker for a second opinion on her right shoulder, which has been recommended for an arthroscopic subacromial decompression, order physical therapy for the right shoulder, and order medications for pain and gastric

prophylaxis. Requests for authorization were made for the following: 1. Ultracet 37.5/325mg #60, 2. Pantoprazole 20mg #60, and 3. Zolpidem 5mg #30.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ultracet 37.5/325mg #60: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (1) Opioids, criteria for use, p76-80 (2) Opioids, dosing, p86.

Decision rationale: The claimant sustained a work injury in October 2011 and continues to be treated for right shoulder, knee, and lower extremity pain. When seen, pain was rated at 7/10. There was an antalgic gait. There was decreased cervical spine, bilateral shoulder, and right knee pain. There was pain with shoulder and knee range of motion. There was positive right shoulder impingement testing. There was decreased strength and sensation. Medications being prescribed included extended release Diclofenac and Norco which were discontinued. Ultracet was prescribed. The total MED (morphine equivalent dose) was increased from 20 mg per day to 25 mg per day. Zolpidem was refilled. Ultracet (Tramadol/acetaminophen) is a short acting combination opioid often used for intermittent or breakthrough pain. In this case, it was being prescribed as a replacement for Norco which does not appear to have been effective and as part of the claimant's ongoing management. There were no identified issues of abuse or addiction. The total MED was less than 120 mg per day consistent with guideline recommendations. Prescribing Ultracet was appropriate and was medically necessary.

Pantoprazole 20mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs GI symptoms & cardiovascular risk.

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 October 2011 and continues to be treated for right shoulder, knee, and lower extremity pain. When seen, pain was rated at 7/10. There was an antalgic gait. There was decreased cervical spine, bilateral shoulder, and right knee pain. There was pain with shoulder and knee range of motion. There was positive right shoulder impingement testing. There was decreased strength and sensation. Medications being prescribed included extended release Diclofenac and Norco which were discontinued. Ultracet was prescribed. The total MED (morphine equivalent dose) was increased from 20 mg per day to 25 mg per day. Zolpidem was refilled. Pantoprazole is recommended for patients taking non-steroidal anti-inflammatory medication and at intermediate or high risk for gastrointestinal events or with mild to moderate cardiovascular risk factors. In this case, the claimant is no longer

taking a non-steroidal anti-inflammatory medication. Therefore, Pantoprazole was not medically necessary.

Zolpidem 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 Chapter, 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 October 2011 and continues to be treated for right shoulder, knee, and lower extremity pain. When seen, pain was rated at 7/10. There was an antalgic gait. There was decreased cervical spine, bilateral shoulder, and right knee pain. There was pain with shoulder and knee range of motion. There was positive right shoulder impingement testing. There was decreased strength and sensation. Medications being prescribed included extended release Diclofenac and Norco which were discontinued. Ultracet was prescribed. The total MED (morphine equivalent dose) was increased from 20 mg per day to 25 mg per day. Zolpidem was refilled. Zolpidem is a prescription short-acting non-benzodiazepine 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. 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. Therefore, Zolpidem was not medically necessary.