

Case Number:	CM15-0025437		
Date Assigned:	02/18/2015	Date of Injury:	05/09/2008
Decision Date:	04/03/2015	UR Denial Date:	01/22/2015
Priority:	Standard	Application Received:	02/10/2015

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 45 year old male, who sustained an industrial injury on 5/9/2008. On 2/10/15, the injured worker submitted an application for IMR for review of Diclofenac/Lidocaine 3/5% cream 180gm, and Norco 10/325mg #90, and Ambien 5mg #30. The treating provider has reported the injured worker complained of bilateral shoulder pain with right being worse than left. The diagnoses have included Shoulder region disease, left shoulder impingement syndrome, right shoulder impingement syndrome, status post rotator cuff repair right shoulder with residuals, severe end stage osteoarthritis right shoulder. Treatment to date has included right shoulder surgery, right shoulder cortisone injections, urine drug toxicity screening for medication management. On 1/22/15 Utilization Review non-certified Diclofenac/Lidocaine 3/5% cream 180gm, and Norco 10/325mg #90, and Ambien 5mg #30. The MTUS Guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Diclofenac/Lidocaine 3/5% cream 180gm: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (1) Pain Outcomes and Endpoints, p8, (2) Opioids, criteria for use, p76-80 (3) Opioids, dosing, p86 Page(s): 8, 76-80, 86.

Decision rationale: The claimant has a remote history of a work-related injury and continues to be treated for bilateral shoulder pain. Treatments have included surgery, injections, and medications. The claimant has advanced shoulder osteoarthritis. Guidelines indicate that when an injured worker has reached a permanent and stationary status or maximal medical improvement, that does not mean that they are no longer entitled to future medical care. When prescribing controlled substances for pain, satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. In this case, the claimant is expected to have somewhat predictable activity related breakthrough pain (i.e. incident pain) with upper extremity use and baseline pain due to osteoarthritis. Norco (hydrocodone / acetaminophen) is a short acting combination opioid often used for intermittent or breakthrough pain. In this case, it is being prescribed as part of the claimant's ongoing management. There are no identified issues of abuse, addiction, or poor pain control. There are no inconsistencies in the history, presentation, the claimant's behaviors, or by physical examination. His total MED is less than 120 mg per day consistent with guideline recommendations. Therefore, the continued prescribing of Norco was medically necessary.

Norco 10/325mg #90: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (1) Lidoderm (lidocaine patch). p56-57 (2) Topical Analgesics, p111-113 Page(s): 56-67, 111-113.

Decision rationale: The claimant has a remote history of a work-related injury and continues to be treated for bilateral shoulder pain. Treatments have included surgery, injections, and medications. The claimant has advanced shoulder osteoarthritis. In terms of topical treatments, topical lidocaine in a formulation that does not involve a dermal-patch system can be recommended for localized peripheral pain. Indications for the use of a topical non-steroidal anti-inflammatory medication such as diclofenac include osteoarthritis and tendinitis, in particular, for joints that are amenable to topical treatment. In this case, the claimant has localized peripheral pain amenable to topical treatment and osteoarthritis of the shoulders. Therefore, the requested medication was medically necessary.

Ambien 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, Pain (Chronic).

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 has a remote history of a work-related injury and continues to be treated for bilateral shoulder pain. Treatments have included surgery, injections, and medications. The claimant has advanced shoulder osteoarthritis. Ambien 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. In this case, the nature of the claimant's sleep disorder is not provided. There is no assessment of factors such as sleep onset, maintenance, quality, or next-day functioning. Whether the claimant has primary or secondary insomnia has not been determined. Therefore, Ambien CR was not medically necessary.