



Case Number:	CM15-0043365		
Date Assigned:	03/13/2015	Date of Injury:	01/02/2006
Decision Date:	04/22/2015	UR Denial Date:	02/20/2015
Priority:	Standard	Application Received:	03/06/2015

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: Pennsylvania

Certification(s)/Specialty: Internal 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 55 year old male, who sustained an industrial injury on January 2, 2006. The Utilization Review determination and request for Independent Medical Review note a date of injury of 1/2/06, while medical reports indicate a date of injury of 12/28/05. The injured worker reported back pain, pain in the neck, right shoulder, and both knees. The injured worker was diagnosed as having disorder of bursae and tendons in shoulder and wrist, knee sprain/strain, cervical radiculopathy and lumbosacral radiculopathy. Diagnostic testing has included MRI scans of the cervical, thoracic, and lumbar spine, right knee and right shoulder, electromyogram/ nerve conduction study of upper and lower extremities. Studies showed degenerative disc disease, disc herniation at L5-S1, cervical disc protrusions and foraminal stenosis, and S1 radiculopathy on electrodiagnostic studies. MRI of the right shoulder on 1/18/13 showed fluid in the subacromial bursa, probable tear of the supraspinatus distal attachment, and possible impingement. Treatment has included transcutaneous electrical nerve stimulation (TENS) unit, acupuncture, chiropractic treatment, epidural steroid injection, physical therapy, medication, shock wave therapy, lumbar arthrodesis of L5-S1 in December 2013, psychological evaluation and individual and group therapy. It was noted that the injured worker was not working, was on temporary total disability status, and has not worked since January 2009. A PR2 from 4/30/14 notes that the injured worker was prescribed ambien for sleep disturbance. Paxil was noted to be prescribed for depression in May of 2014. Medications in May 2014 also included norco and ambien. The primary treating documented that the injured worker had anxiety due to chronic

pain and major depressive disorder, with notation of worsening depression and anxiety and that the injured worker had been seen by a psychologist. The physician documented that the injured worker stated that with medication he is able to sleep better and perform his activities of daily living (ADLs). Medications in December 2014 included norco, Neurontin, ambien, and paxil. A pain management evaluation in December 2014 documented ongoing pain at the bilateral shoulders with popping, clicking, and grinding with shoulder motion and increased pain with above-shoulder reaching and lifting. Continued anxiety, stress, and depression due to chronic pain and disability were noted, as well as difficulty sleeping and fatigue; he denied suicidal ideation. No detailed examination of the shoulder was documented. In January 2015, the injured worker reported chronic pain to the cervical and lumbar region which was affecting all of his activities of daily living. A progress note dated February 4, 2015 documented that the injured worker complains of cervical, shoulder and lumbar pain. Physical exam notes loss of range of motion (ROM). Work status was again noted as temporary total disability. On 2/20/15, Utilization Review non-certified requests for ambien 5 mg with 5 refills, norco 10/325 #60 with 5 refills, paxil 20 mg #60 with 5 refills, and MRI bilateral shoulders, citing the MTUS, ACOEM, and ODG.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ambien 5mg with 5 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, Pain chapter.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) chronic pain chapter: insomnia treatment.

Decision rationale: The MTUS does not address the use of hypnotics other than benzodiazepines. No physician reports describe the specific criteria for a sleep disorder. Treatment of a sleep disorder, including prescribing hypnotics, should not be initiated without a careful diagnosis. There is no evidence of that in this case. For the treatment of insomnia, pharmacologic agents should only be used after careful evaluation of potential causes of sleep disturbance. Specific components of insomnia should be addressed. There was no documentation of evaluation of sleep disturbance in the injured worker, and components insomnia were not addressed. The treating physician has not addressed major issues affecting sleep in this patient, including the use of other psychoactive agents like opioids, which significantly impair sleep architecture, and depression. Ambien (Zolpidem) is a prescription short-acting non-benzodiazepine hypnotic which is recommended for short-term (7-10 days) treatment of insomnia; it is not recommended for long-term use. It may be habit-forming and may impair function and memory, and there is a concern that it may increase pain and depression over the long term. It is recommended for short term use only. This injured worker had documentation of difficulty sleeping and depression. Ambien has been prescribed for approximately 8 months. Due to insufficient evaluation of sleep disturbance and length of use in excess of the guidelines, the request for ambien is not medically necessary.

Norco 10/325mg, #60 with 5 refills: Upheld

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

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

Decision rationale: There is no evidence that the treating physician is prescribing opioids according to the MTUS, which recommends prescribing according to function, with specific functional goals, return to work, random drug testing, and opioid contract. There should be a prior failure of non-opioid therapy. None of these aspects of prescribing are in evidence. Per the MTUS, opioids are minimally indicated, if at all, for chronic non-specific pain, osteoarthritis, "mechanical and compressive etiologies," and chronic back pain. The injured worker was noted to have chronic back pain. He was not working; work status was noted as temporary total disability, and the documentation notes he had not worked since 2009. There is no evidence of significant pain relief or increased function from the opioids used to date. The prescribing physician does not specifically address function with respect to prescribing opioids, and does not address the other recommendations in the MTUS. The MTUS states that a therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. There is no evidence that the treating physician has utilized a treatment plan NOT using opioids, and that the patient "has failed a trial of non-opioid analgesics". Ongoing management should reflect four domains of monitoring, including analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behaviors. The documentation does not reflect improvement in pain. Change in activities of daily living, discussion of adverse side effects, and screening for aberrant drug-taking behaviors were not documented. The MTUS recommends urine drug screens for patients with poor pain control and to help manage patients at risk of abuse. There is no record of a urine drug screen program performed according to quality criteria in the MTUS and other guidelines. As currently prescribed, norco does not meet the criteria for long term opioids as elaborated in the MTUS and is therefore not medically necessary.

Paxil 20mg, #60 with 5 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, Pain chapter.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 401-402, Chronic Pain Treatment Guidelines antidepressants p. 14-16 SSRIs p. 107. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) mental illness and stress chapter: antidepressants for treatment of major depressive disorder.

Decision rationale: The MTUS states that antidepressants are recommended as a first line option for neuropathic pain and as a possibility for non-neuropathic pain. Assessment of treatment efficacy should include not only pain outcomes, but also an evaluation of function, changes in use of other analgesic medication, sleep quality and duration, and psychological assessment. The ACOEM notes that brief courses of antidepressants may be helpful to alleviate symptoms of depression, but that given the complexity of available agents, referral for

medication evaluation is advised. The ODG states that antidepressants offer significant benefit in the treatment of the severest depressive symptoms, but may have little or no therapeutic benefit over and above placebo in patients with mild to moderate depression. Selective serotonin reuptake inhibitors (SSRIs) are controversial based on clinical trials. It has been suggested that the main role of SSRIs may be in addressing psychological symptoms associated with chronic pain. This injured worker has diagnoses of anxiety and depression, with continued symptoms noted. The documentation indicates prior psychological treatment. A detailed psychiatric history and detailed discussion of psychiatric signs and symptoms was not documented. The injured worker remains temporarily totally disabled. There was no documentation of improvement in depression or functional improvement as a result of paxil. Due to insufficient evaluation of ongoing symptoms of depression, and lack of functional improvement, the request for paxil is not medically necessary.

MRI bilateral shoulders: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 208-209. Decision based on Non-MTUS Citation Official Disability Guidelines -Shoulder (Acute & Chronic).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): p. 207-209.

Decision rationale: The ACOEM states that for most patients with shoulder problems, special studies are not needed unless a four to six week period of conservative care and observation fails to improve symptoms. For patients with limitations of activity after four weeks and unexplained physical findings, such as effusion or localized pain, imaging may be indicated to clarify the diagnosis and assist reconditioning. Primary criteria for ordering imaging studies are emergence of a red flag, physiologic evidence of tissue insult or neurovascular dysfunction, failure to progress in a strengthening program intended to avoid surgery, and clarification of anatomy prior to an invasive procedure. Magnetic resonance imaging (MRI) may be the preferred investigation because it demonstrates soft tissue anatomy better. It is relatively better able to identify or define pathology such as rotor cuff tear, recurrent dislocation, tumor, and infection. This injured worker reported ongoing bilateral shoulder pain with popping, clicking, grinding, and increased pain with reaching and lifting. No recent examination of the shoulders was documented by the primary treating physician or the pain management consultant. The injured worker had undergone MRI of the right shoulder in January 2013 that showed fluid in the subacromial bursa and probable tear of the supraspinatus distal attachment. There was no specific discussion of therapy related to the shoulders; although the documentation indicates the injured worker had multiple prior treatments including physical therapy, acupuncture, and chiropractic treatment, specific treatment of the shoulders was not discussed. No red flag conditions or plan for surgery were noted. Due to insufficient physical examination of the shoulders and insufficient documentation of conservative care of the shoulder symptoms, the request for MRI of the bilateral shoulders is not medically necessary.