

Case Number:	CM14-0147587		
Date Assigned:	09/15/2014	Date of Injury:	01/25/2013
Decision Date:	09/21/2015	UR Denial Date:	08/11/2014
Priority:	Standard	Application Received:	09/11/2014

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, Indiana, New York
 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 47-year-old female, who sustained an industrial injury on 1-25-13. She has reported initial complaints of a left wrist and left shoulder injury after a fall. The diagnoses have included chronic cervical pain, cervical and lumbar degenerative disc disease (DDD), chronic left shoulder pain secondary to rotator cuff tendinopathy, left shoulder mild adhesive capsulitis, status post left distal radius fracture, and status post open reduction internal fixation (ORIF) left distal radius fracture and carpal tunnel release on 2-5-14. Treatment to date has included medications, diagnostics, surgery, epidural steroid injection (ESI), occupational therapy, chiropractic, and other modalities. Currently, as per the physician Qualified Medical Evaluation progress note dated 7-16-14, the injured worker complains of left shoulder and neck pain that goes down the left arm and fingers with numbness and tingling. She also has left wrist pain with weakness, numbness and tingling. She is currently not working. The current medications included Tramadol and Naproxen. The objective findings-physical exam reveals tenderness to palpation of the lumbar spine. There is pain at extremes to all range of motion of the cervical spine and there is tenderness to palpation of the cervical spine. The left shoulder reveals decreased range of motion with tenderness to palpation. The left wrist has mild swelling noted with decreased range of motion and tenderness. The physician requested treatments included Fioricet #60 and Norco 10-325mg #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Fioricet #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Barbiturate-containing Analgesics Agents (BCAS).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Fioricet.

Decision rationale: Pursuant to the Official Disability Guidelines, Fioricet (butalbital) #60 is not medically necessary. Barbiturate containing analgesic agents (butalbital) is not recommended for chronic pain. The potential for drug dependence is high and no evidence exists to show clinically important enhancement of analgesic efficacy of BCA's due to the barbiturate constituents. In this case, the injured worker's working diagnoses are chronic cervical pain; degenerative disc disease cervical and lumbar spine; chronic left shoulder pain secondary to rotator cuff tendinopathy; mild adhesive capsulitis left shoulder; status post left distal radius fracture; and status post open reduction internal fixation left distal radius fracture and carpal tunnel release February 5, 2014. The injury is January 25, 2013. Request for authorization is August 5, 2014. According to the progress note dated July 16, 2014, the injured worker's subjective complaints are left shoulder pain that radiates to the left arm and fingers. Pain score is 6-8/10. There is no documentation of headache in the progress note. Medications include butalbital, naproxen and a sleeping medication (Ambien). Ambien was started April 10, 2013. The documentation does not provide a start date for butalbital (Fioricet). The progress note dated July 16, 2014 (supra) was not provided by the requesting provider. There is no documentation from the requesting provider in the medical record. As a result, there is no clinical indication or rationale for butalbital documented in the medical record. There is no documentation of headache in the medical record. Barbiturate containing analgesic agents (butalbital) is not recommended for chronic pain. Based on the clinical information in the medical record, peer-reviewed evidence-based guidelines, guideline nine recommendations for use and no documentation from the requesting provider, Fioricet (butalbital) #60 is not medically necessary.

Ambien 10mg #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 (updated 7/10/14) Zolpidem (Ambien).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Ambien.

Decision rationale: Pursuant to the Official Disability Guidelines, Ambien 10 mg #30 is not medically necessary. Ambien (zolpidem) is a short acting non-benzodiazepine hypnotic recommended for short-term (7-10 days) treatment of insomnia. While sleeping pills, so-called minor tranquilizers, and anti-anxiety agents are commonly prescribed in chronic pain, pain specialists rarely recommend them for will use. They can be habit forming and may impair function and memory more than opiates. The dose for Ambien and women should be lowered from 10 mg to 5 mg for immediate release products and from 12.5 mg to 6.25 mg for extended-release products (Ambien CR). In this case, , the injured worker's working diagnoses are chronic cervical pain; degenerative disc disease cervical and lumbar spine; chronic left shoulder pain

secondary to rotator cuff tendinopathy; mild adhesive capsulitis left shoulder; status post left distal radius fracture; and status post open reduction internal fixation left distal radius fracture and carpal tunnel release February 5, 2014. The injury is January 25, 2013. Request for authorization is August 5, 2014. According to the progress note dated July 16, 2014, the injured worker's subjective complaints are left shoulder pain that radiates to the left arm and fingers. Pain score is 6-8/10. There is no documentation of headache in the progress note. Medications include butalbital, naproxen and a sleeping medication (Ambien). Ambien was started April 10, 2013. The documentation does not provide a start date for butalbital (Fioricet). The progress note dated July 16, 2014 (supra) was not provided by the requesting provider. There is no documentation from the requesting provider in the medical record. The Ambien start date is April 10, 2013. Ambien is recommended for short-term (7-10 days) treatment of insomnia. The treating provider continued Ambien in excess of the recommended guidelines for 15 months. There are no compelling clinical facts to support the ongoing use of Ambien in excess of the recommended guidelines. Based on the clinical information in the medical record, peer-reviewed evidence-based guidelines and continued use in excess of the recommended guidelines for short term (7-10 days), Ambien 10 mg #30 is not medically necessary.