

<b>Case Number:</b>	CM13-0047296		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	01/15/2011
<b>Decision Date:</b>	03/06/2014	<b>UR Denial Date:</b>	10/24/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/01/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine & Rehabilitation, has a subspecialty in Interventional Spine and is licensed to practice in California. 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 physician 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a 56 year-old male who was injured on 1/15/2011. He has been diagnosed with: shoulder impingement syndrome; rotator cuff strain; insomnia; chronic pain syndrome; ED; anxiety and depression. The IMR application shows a dispute with the 10/24/13 UR decision on Ambien, Cialis, and referral to a psychologist. The 10/24/13 UR decision was based on the medical report from [REDACTED] dated 10/4/13. On 10/4/13, [REDACTED] recommended PT and a left shoulder MRI for the left shoulder impingement and rotator cuff strain; for insomnia he recommended Ambien; for chronic pain syndrome, s/p RC tear, biceps tear s/p reconstructions and adhesive capsulitis, he recommended to continue PT and refilled the Norco; for the ED, he refills the Cialis; for the depression, he recommended psychology referral.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Ambien 10mg #30:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Stress & Mental Illness Chapter, Zolpidem

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Stress & Mental Illness Chapter

**Decision rationale:** ODG guidelines states Ambien is for short-term use, 2-6 weeks. The 4/23/13 report from [REDACTED] shows the patient had rotator cuff surgery in 2011 and a revision in 2012 there was residual pain. The patient was taking Norco, Xanax, Ambien and the Flector patch, there was no pain assessment or discussion of medication efficacy. The 10/4/13 report from [REDACTED] shows the patient continues to use Ambien. There is no discussion of efficacy of Ambien, and the prolonged use of Ambien is not in accordance with ODG guidelines. Therefore, the request is not medically necessary.

**Cialis 20mg #30:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation www.drugs.com

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Pain Outcomes and Endpoints, FDA Boxed label for Cialis Page(s): 8-9.

**Decision rationale:** MTUS/ACOEM/ODG guidelines do not specifically discuss Cialis. The FDA indications for Cialis are for ED and BPH. The 10/4/13 report from [REDACTED] lists ED as a diagnosis. This was not diagnosed on the [REDACTED]' 3/6/13 report. There are no reports from [REDACTED] between 3/6/13 and 10/4/13, so it is not known when the ED started or when treatment started. ED was not mentioned on the 6/13/13 or 7/16/13 reports from [REDACTED]. The 10/4/13 report from [REDACTED] states for ED, Cialis 20mg refilled. Since it was refilled, it was not the initial prescription. MTUS states that all therapies are focused on the goal of functional restoration rather than merely the elimination of pain and assessment of treatment efficacy is accomplished by reporting functional improvement. There was no reporting on efficacy of this medication. The continued use of a medication without documentation of efficacy is not in accordance with MTUS guidelines.

**Norco 10/325mg #120:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Long-term Assessment Page(s): 88-89.

**Decision rationale:** MTUS states that all therapies are focused on the goal of functional restoration rather than merely the elimination of pain and assessment of treatment efficacy is accomplished by reporting functional improvement. The records show the patient has been using Norco since 3/16/13. The medical reports dated 3/16/13 and 10/4/13 from [REDACTED] were reviewed for pain assessments, documentation of function, or medication efficacy, but these items were not recorded. The reports from 4/23/13, 6/13/13, and 7/16/13 from [REDACTED]

were reviewed for any evidence of efficacy for Norco, but there was no mention of decreased pain, improved function or improved quality of life. There was no reporting on efficacy of this medication. The continued use of a medication without documentation of efficacy is not in accordance with MTUS guidelines.

**referral to a psychologist:**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Guidelines, Chapter 7, page 127

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Psychological Evaluations Page(s): 100-101.

**Decision rationale:** MTUS states psychological evaluations are recommended. Psychological evaluations are generally accepted, well-established diagnostic procedures not only with selected use in pain problems, but also with more widespread use in chronic pain populations. The request is in accordance with MTUS guidelines.