

<b>Case Number:</b>	CM13-0047769		
<b>Date Assigned:</b>	04/04/2014	<b>Date of Injury:</b>	10/17/2012
<b>Decision Date:</b>	05/29/2014	<b>UR Denial Date:</b>	10/17/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/04/2013

### 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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation 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 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/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:

The patient is a sorter who submitted a claim for Joint Pain of the Right Shoulder from an associated industrial injury on 10/17/2012. The treatment to date has included pain medications and physical therapy. The diagnostic procedures to date include an MRI with an impression of rule out tendinitis, rotator cuff tear, and impingement syndrome. The utilization review from 10/17/2013 partially approved the use of NORCO 10/325 MG #120, AMBIEN 10 MG #60 allowing #60 for Norco and #30 for Ambien. The medical records reviewed from 2012 to 2013 revealed that the patient has been experiencing continued persistent pain in the right shoulders, aggravated by overhead reaching. The Physical Examination shows tenderness on the greater tuberosity of the right humerus, with a positive impingement test. The records show that physical therapy and shoulder arthroscopy were advised; however, it was not noted whether it was done or not. In the physician progress notes dated September 20, 2013, it was mentioned that Norco 325/10mg scheduling was revised and that the patient claimed that its use has been of benefit to him although there were no provided records as to when it was started and on findings that will quantify the patient's improvement. The progress report (PR-2) of 7/3/13 medications includes Anaprox, Prilosec, Ultram, Xanax, Norco and Zanaflex.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**NORCO 10/325 MG #120:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines  
Page(s): 91.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS  
Page(s): 78.

**Decision rationale:** The Chronic Pain Medical Treatment Guidelines indicate that ongoing opioid treatment should include monitoring of analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behaviors. The guidelines also indicate that these outcomes over time should affect the therapeutic decisions for continuation. In this case, the patient has been taking Norco since July 2013. The patient notes that Norco is beneficial; however, specific measures of analgesia and functional improvements, such as improvements in activities of daily living were not documented. Therefore, the request for Norco was not medically necessary.

**AMBIEN 10 MG #60:** 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, 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 CHAPTER, ZOLPIDEM.

**Decision rationale:** The Official Disability Guidelines indicate that zolpidem is a prescription short acting non-benzodiazepine hypnotic, which is approved for short-term treatment of insomnia. There no mention in the medical records that the patient has encountered problems in sleeping or has any sleeping disorder. There is no discussion concerning the patient's sleep hygiene. Therefore, Ambien is not medically appropriate and necessary.