

<b>Case Number:</b>	CM13-0060974		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	08/16/2001
<b>Decision Date:</b>	03/24/2014	<b>UR Denial Date:</b>	11/19/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/04/2013

### 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 Internal Medicine, has a subspecialty in Rheumatology and is licensed to practice in Maryland. 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 patient is a 57 year old female with date of injury 8/16/01. The mechanism of injury is described as a fall onto her right hand. The patient has complained of cervical spine pain and shoulder pain since the date of injury. She has had multiple surgeries of both shoulders and has also been treated with physical therapy, acupuncture, TENS unit, chiropractic therapy, cortisone injections and medications. An MRI of the cervical spine performed in 2003 revealed neuroforaminal narrowing of C5-C7. An MRI of the right shoulder performed in 01/2009 revealed degenerative joint disease and rotator cuff tendinosis with tear. An MRI arthrogram of the left shoulder performed in 2011 revealed a rotator cuff tear. Objective: decreased range of motion of the bilateral shoulders, decreased range of motion of the cervical spine. Diagnoses: cervicgia, adhesive capsulitis, reflex sympathetic dystrophy of the left upper extremity.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Decision for Norco 10/325mg, 1 to 2 po tid, #240 with 3 refills:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 76-80.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 76-85, 88-89..

**Decision rationale:** This patient is a 57 year old female who has complained of pain in her neck and shoulders since date of injury on 8/16/01. She has been treated with shoulder surgeries bilaterally, acupuncture, TENS unit, chiropractic therapy, cortisone injections and medications to include Norco since at least 09/2012. There is no evidence that the treating physician is prescribing opioids according to the MTUS section cited above, which recommends prescribing according to function, with specific functional goals, return to work, random drug testing, opioid contract with documentation that opiates are from a single practitioner and that they are being taken as directed and at the lowest possible dose. None of these aspects of prescribing are in evidence. The request for Norco is therefore not indicated as medically necessary without this necessary documentation.

**Decision for Zolpidem 10mg, 1 at bedtime, #90 with 3 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 (ODG), Treatment Index, 11th Edition (web), 2013.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation [www.UpToDate.com](http://www.UpToDate.com)

**Decision rationale:** This patient is a 57 year old female who has complained of pain in her neck and shoulders since date of injury 8/16/01. She has been treated with shoulder surgeries bilaterally, acupuncture, TENS unit, chiropractic therapy, cortisone injections and medications to include Ambien since at least 09/2012. Ambien is recommended for the short term treatment of insomnia not to exceed 2-6 weeks duration. There is no evidence that the provider has prescribed this medication according to the recommended medical guidelines and the available medical records show that it has been prescribed far beyond the recommended duration. Ambien, therefore is not indicated as medically necessary in this patient.