

<b>Case Number:</b>	CM13-0062248		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	05/19/2008
<b>Decision Date:</b>	04/04/2014	<b>UR Denial Date:</b>	11/19/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/06/2013

### 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 Occupational Medicine, 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:

The patient is a 52 year old female who was injured on 05/19/2008. The mechanism of injury occurred from a fall, injuring the left shoulder. Prior treatment history has included physical therapy and medication therapy. Clinic note dated 06/18/2013 documented the patient to have complaints about her shoulder. She reported ongoing pain on the left shoulder, which she rated as 8/10 on VAS. There was no objective finding for review. Medications were noted as Norco 10-325 mg tab; Soma 350 mg tablet; Lotensin HCT 20-25 mg tab; Ambien 5 mg tablet; Celebrex 100 mg; Neurontin 300 mg. PR-2 note dated 09/24/2013 documented the patient to have complaints of ongoing low back pain with intermittent pain in the right leg and numbness in the great toe. Objective findings on exam included lumbar spine and lower extremities revealed the patient utilizes a wheel chair; vascular exam revealed dorsalis pedis, posterior tibial pulses were present; and sensory exam revealed decreased over the right L4 and L5 dermatome distribution. Motor power: Hip flexion 5/5 bilaterally; hip abduction 5/5 bilaterally; knee flexion 5/5 bilaterally; knee extension 5/5 bilaterally; ankle dorsiflexion 5/5 bilaterally; ankle plantar flexion 5/5 bilaterally; extensor hallucis longus 4/5 on the right, 5/5 on the left. She takes Norco, Soma, Lotensin, and Ambien. Clinic note dated 11/20/2012 documented the patient presented with complaints of ongoing daily and constant severe pain in the left shoulder with limited range of motion. She also had complaints of daily and constant low back pain. Objective findings on shoulder exam included normal contour. There was no evidence of appreciable swelling over the bilateral shoulders. There was no gross atrophy of the shoulder musculature. There was palpable tenderness over the left trapezius, anterior shoulder, and left intrascapular space. Range of motion in degrees revealed: Flexion 180 normal, 180 bilaterally; Extension 50 normal, 50 bilaterally; Abduction 180 normal, 180 bilaterally; adduction 50 normal, 50 bilaterally; Internal rotation 90 normal, 90 bilaterally; External rotation 90 normal, 90 bilaterally. She had positive

drop arm test; 3/5 weakness and pain with external rotation; 3/5 left abductor and adductor. Examination of the lumbar spine and lower extremities revealed the patient utilizes a wheelchair. She has an above the knee amputation on the left. There is palpable tenderness centrally about the lower lumbar spine; dorsalis pedis, posterior tibial pulses were present.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Ambien 10mg #30 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 (ODG), Pain, Zolpidem (Ambien) 11th edition (online version)

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

**Decision rationale:** The medical records submitted do not document any subjective complaints or corroborative clinical objective findings as to establish an active diagnosis of insomnia. In addition, the guidelines recommend use of this medication only for short term periods, in which case the request for #30 count with 5 refills is not supported. Therefore, Ambien is non-certified

**Norco 10/325mg 1 by mouth 4 times a day as needed, #120, with 5 refills:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-82.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Specific drug list, long-term assessment Page(s): 91 88.

**Decision rationale:** It is noted that on 11/20/2012, the patient presented with continued complaints of constant severe shoulder pain and daily low back pain, however, the medical records do not document any subjective report with corroborative objective functional improvement as a result of continued use of this opioid. As per the referenced guidelines, continued use of this medication is not recommended in absence of clinically relevant improvement, such as decreased pain, increased function, and improved quality of life. In the absence of such findings, medical necessity has not been established. Norco is non-certified.

**Soma 350mg, 1 by mouth every 8 hours, #90 with 5 refills:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Carisoprodol Page(s): 29.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Carisoprodol Page(s): 29.

**Decision rationale:** Soma is not recommended for long-term use. History and examination findings in this case do not support chronic use. Therefore, SOMA is non-certified.