

<b>Case Number:</b>	CM13-0070374		
<b>Date Assigned:</b>	01/03/2014	<b>Date of Injury:</b>	03/21/1996
<b>Decision Date:</b>	04/21/2014	<b>UR Denial Date:</b>	12/11/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/24/2013

### 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 Family Practice, has a subspecialty in Preventive 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 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:

This is a 60 year old female claimant who sustained a work injury on 3/21/96 resulting in chronic neck and shoulder pain. She had a diagnosis of degenerative disc disease and left shoulder tendonitis. A progress note on 3/8/13 indicated the claimant had left shoulder stiffness - unchanged from prior visits. The claimant was advised to perform home exercises and continue Relafen, Zolpidem, and Norco 10/325. A progress note on 9/20/13 had similar exam findings and continuation of medications.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**ZOLPIDEM 10MG:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

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

**Decision rationale:** According to the ODG guidelines for insomnia, pharmacological agents should only be used after careful evaluation of potential causes of sleep disturbance. Failure of sleep disturbance to resolve in a 7 to 10 day period may indicate a psychiatric and/or medical

illness. Zolpidem is indicated for the short-term treatment of insomnia with difficulty of sleep onset (7-10 days). Dosing should be 5 to 10 mg at bedtime (5 mg in women, the elderly and patients with hepatic dysfunction). In this case there was no documentation regarding sleep hygiene, etiology or need to initiate the higher dose of Ambien in a female. In addition, the claimant had been on it for several months without documented response to medication. The Ambien prescribed above is not medically necessary.

**NABUMETONE NORCO 10/325MG:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 82-92.

**Decision rationale:** Norco is a short acting opioid used for breakthrough pain. According to the MTUS guidelines opioids are not indicated at 1st line therapy for neuropathic pain, and chronic back pain. It is not indicated for mechanical or compressive etiologies. It is recommended for a trial basis for short-term use. Long Term-use has not been supported by any trials. In this case, the claimant has been on Norco for over 9 months with no documented improvement in pain scale. The assessments do not state goals, medication response or failure of 1st line treatment such as Tylenol. The continued use of Norco is not medically necessary.

**REFALEN 500MG:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 67.

**Decision rationale:** Relafen is an NSAID. According to the MTUS guidelines, NSAIDs are indicated for osteoarthritis and are recommended at the lowest dose for the shortest period in patients with moderate to severe pain. Acetaminophen may be considered for initial therapy for patients with mild to moderate pain. In this case, Relafen had been used for over 8 months-beyond a short-term. Failure of other medications such as Tylenol was not noted. In addition, the assessments do not state goals or medication response. The continued use of Relafen is not medically necessary.