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| <b>Case Number:</b>   | CM14-0158718 |                              |            |
| <b>Date Assigned:</b> | 10/02/2014   | <b>Date of Injury:</b>       | 09/20/2010 |
| <b>Decision Date:</b> | 11/14/2014   | <b>UR Denial Date:</b>       | 08/28/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 09/27/2014 |

### 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 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:

According to the records made available for review, this is a 35-year-old male with a 9/20/10 date of injury. At the time (7/23/14) of request for authorization for Retrospective request for Norco 10/325mg 1 tab 3 times a day as needed #120, Retrospective request for Ambien 10mg PO qHS #30, and Retrospective request for Robaxin 750mg PO BID #60, there is documentation of subjective (chronic right shoulder pain) and objective (right arm sling in place and tenderness to palpation over the anterior aspect of the right shoulder) findings, current diagnoses (right shoulder pain status post arthroscopic surgery; and anxiety disorder), and treatment to date (ongoing therapy with Norco, Ambien, and Robaxin since at least 3/5/14). Regarding Retrospective request for Norco 10/325mg 1 tab 3 times a day as needed #120, there is no documentation that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; and there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects; and functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of Norco use to date. Regarding Retrospective request for Ambien 10mg PO qHS #30, there is no documentation of insomnia, short-term (two to six weeks) treatment of insomnia, and functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of Ambien use to date. Regarding Retrospective request for Robaxin 750mg PO BID #60, there is no documentation of acute exacerbation of chronic pain, short-term (less than two weeks) treatment, and functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of Robaxin use to date.

## IMR ISSUES, DECISIONS AND RATIONALES

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

### **Retrospective request for Norco 10/325mg 1 tab 3 times a day as needed #120:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78-80, 91, 124.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-80. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Title 8, California Code of Regulations, section 9792.20

**Decision rationale:** MTUS Chronic Pain Medical Treatment Guidelines necessitate documentation that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; and there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects, as criteria necessary to support the medical necessity of opioids. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. Within the medical information available for review, there is documentation of diagnoses of right shoulder pain status post arthroscopic surgery; and anxiety disorder. However, there is no documentation that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; and there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. In addition, given documentation of ongoing treatment with Norco since at least 3/5/14, there is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of Norco use to date. Therefore, based on guidelines and a review of the evidence, the request for Retrospective request for Norco 10/325mg 1 tab 3 times a day as needed #120 is not medically necessary.

### **Retrospective request for Ambien 10mg PO qHS #30:** 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

**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, Zolpidem Other Medical Treatment Guideline or Medical Evidence: Title 8, California Code of Regulations, section 9792.20

**Decision rationale:** MTUS does not address this issue. ODG identifies Ambien (zolpidem) as a prescription short-acting nonbenzodiazepine hypnotic, which is approved for the short-term (usually two to six weeks) treatment of insomnia. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a

reduction in the use of medications or medical services. Within the medical information available for review, there is documentation of diagnoses of right shoulder pain status post arthroscopic surgery; and anxiety disorder. However, there is no documentation of insomnia. In addition, given documentation of ongoing treatment with Ambien since at least 3/5/14, there is no documentation of short-term (two to six weeks) treatment of insomnia. Furthermore, there is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of Ambien use to date. Therefore, based on guidelines and a review of the evidence, the request for Retrospective request for Ambien 10mg PO qHS #30 is not medically necessary.

**Retrospective request for Robaxin 750mg PO BID #60: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 65.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants Page(s): 63-64. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Muscle relaxants (for pain) Other Medical Treatment Guideline or Medical Evidence: Title 8, California Code of Regulations, section 9792.20

**Decision rationale:** MTUS Chronic Pain Medical Treatment Guidelines identifies documentation of acute exacerbation of chronic low back pain and used as a second line option for short-term treatment, as criteria necessary to support the medical necessity of muscle relaxant. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. ODG identifies that muscle relaxants are recommended for short-term (less than two weeks) treatment. Within the medical information available for review, there is documentation of diagnoses of right shoulder pain status post arthroscopic surgery; and anxiety disorder. In addition, there is documentation of chronic pain. However, there is no documentation of acute exacerbation of chronic pain. In addition, given documentation of ongoing treatment with Robaxin since at least 3/5/14, there is no documentation of short-term (less than two weeks) treatment. Furthermore, there is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of Robaxin use to date. Therefore, based on guidelines and a review of the evidence, the request for retrospective request for Retrospective request for Robaxin 750mg PO BID #60 is not medically necessary.