

Case Number:	CM14-0026604		
Date Assigned:	06/13/2014	Date of Injury:	07/18/2011
Decision Date:	07/16/2014	UR Denial Date:	02/21/2014
Priority:	Standard	Application Received:	03/03/2014

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 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 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 31 year old male who was injured on 07/18/2011. The mechanism of injury is unknown. Prior treatment history has included physical therapy. The patient's medications as 12/07/2012 included Norco, Ativan and Soma (No VAS reported); and 11/08/2013 included Norco, Ativan, and Ambien with no VAS reported. On ortho supplemental report dated 12/06/2013 indicated the patient had continued shooting pain from the left arm to the left hand. He continues with intermittent numbness on the left fourth and fifth digits and severe pain in the left shoulder. He also reported the medications helped and wanted to refill his medications. Objective findings on exam revealed tenderness over the cervical spine with spasm. Range of motion exhibited flexion to 40; extension to 50; lateral flexion to 35; rotations to 70; bilateral foraminal compression testing was positive with numbness of the left hand along the ulnar aspect. He had weakness of his left hand. Diagnoses are cervical sprain/strain with left upper extremity radiculopathy, left shoulder sprain/strain with impingement and status post left shoulder arthroscopic surgery. The treatment and plan included Norco 10 mg, Ambien, and Ativan. Prior utilization review dated 02/21/2014 states Norco 10/325 mg #120 is denied as there is no documented functional improvement or pain reduction. Ambien is denied as it is only used as a short term medication but the patient has been using it for a prolonged duration.

IMR ISSUES, DECISIONS AND RATIONALES

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

PROSPECTIVE REQUEST FOR 1 PRESCRIPTION OF NORCO 10/325 MG. # 120:

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): 74-96.

Decision rationale: MTUS guidelines recommend short-acting opioids such as Norco for the management of moderate to severe chronic pain if functional benefit is established. The patient is a 31 year old male with chronic L shoulder and L upper extremity radicular symptoms attributed to an injury on 7/18/11. He is status post L shoulder arthroscopy with labral repair and subacromial decompression on 4/27/12. The surgery did not improve his symptoms. He continues to complain of severe L shoulder pain with radiating pain and numbness into the L upper extremity. There is marked reduction in range of motion of the L shoulder on examination. L shoulder post-operative MRI on 1/2/13 is read as unremarkable. No diagnostics relative to the C-spine are provided. He is taking Norco on a long-term basis. Medical records fail to document clinically significant functional improvement due to use of Norco. The patient is not working; pain is not improving; function is not improving. Medical necessity for ongoing use of Norco is not established.

THE PROSPECTIVE REQUEST FOR 1 PRESCRIPTION OF AMBIEN 5 MG. # 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, Zolpidem.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG), PAIN, ZOLPIDEM.

Decision rationale: CA MTUS guidelines do not address the issue in dispute. According to ODG guidelines, Ambien is approved for short-term treatment, usually 2 to 6 weeks, of insomnia. Long-term use is discouraged given risk of habituation, memory and functional impairment, and increased pain and depression. The patient is a 31 year old male with chronic L shoulder and L upper extremity radicular symptoms attributed to an injury on 7/18/11. He is status post L shoulder arthroscopy with labral repair and subacromial decompression on 4/27/12. The surgery did not improve his symptoms. He continues to complain of severe L shoulder pain with radiating pain and numbness into the L upper extremity. There is marked reduction in range of motion of the L shoulder on examination. L shoulder post-operative MRI on 1/2/13 is read as unremarkable. No diagnostics relative to the C-spine are provided. He is taking Ambien on a chronic basis. There is no discussion in the provided records of benefit with regard to the patient's sleep complaints. There is no rationale provided for the long-term use of Ambien. Medical necessity is not established.

