

<b>Case Number:</b>	CM14-0029859		
<b>Date Assigned:</b>	09/05/2014	<b>Date of Injury:</b>	09/08/2004
<b>Decision Date:</b>	10/20/2014	<b>UR Denial Date:</b>	02/26/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/10/2014

### 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 Physical Medicine and Rehabilitation and is licensed to practice in Nevada. 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 records presented for review indicate that this 58 year-old female was reportedly injured on 9/8/2004. No progress notes were submitted for review, therefore the provider denial letter dated 2/26/2014 was utilized. The physical examination mentioned in the utilization review from 1/13/2014 states overhead elevation was 150 with slight tenderness in the subdeltoid and acromioclavicular region. Strength was improving and the patient was neurologically intact. No recent diagnostic studies were available for review. Previous treatment includes shoulder arthroscopy, medications, therapy, H wave unit, trigger point injections, and conservative treatment. A request had been made for Toradol 60 mg injection and Ambien CR 12.5 mg #30 and was not certified in the pre-authorization process on 2/26/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Zolpidem CR 12.5 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 -web treatment index 12th edition 2014 Zolpidem (Ambien)

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

Integrated Treatment/Disability Duration Guidelines; Pain (Chronic) - Ambien (updated 10/06/14).

**Decision rationale:** MTUS/ACOEM practice guidelines do not address this request; therefore ODG was used. Zolpidem (Ambien) is a prescription short-acting non-benzodiazepine hypnotic, which is approved for the short-term (usually two to six weeks) treatment of insomnia. The guidelines specifically do not recommend them for long-term use for chronic pain. As such, this request is not medically necessary.

**Toradol 60 mg injection:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 72.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder. Acute and Chronic. Ketorolac Injections. Updated 8/27/2014.

**Decision rationale:** ODG guidelines recommend ketorolac injections as an option to corticosteroid injections with up to three subacromial injections. These injections have an extremely strong anti-inflammatory effect, but they may also have side effects. They can cause bleeding, and patients cannot take oral insets while they're receiving injections or if you have kidney damage. After review the medical records provided there is insufficient documentation of reports of pain to necessitate the use of this medication. Therefore, lacking documentation of pain poorly controlled this request is not medically necessary.