

<b>Case Number:</b>	CM14-0034133		
<b>Date Assigned:</b>	06/20/2014	<b>Date of Injury:</b>	11/06/2007
<b>Decision Date:</b>	07/18/2014	<b>UR Denial Date:</b>	03/03/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/19/2014

### 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 Internal Medicine, has a subspecialty in Rheumatology and is licensed to practice in Maryland. 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 59 year old female with date of injury 11/6/2007. The mechanism of injury is not stated in the available medical records. The patient has complained of right shoulder pain since the date of injury. She has been treated with physical therapy and medications. There are no radiographic reports of the right shoulder included in the available medical documentation. Objective: tenderness at the sterno-clavicular and acromio-clavicular joints, limited range of motion of the right shoulder, positive Hawkin's sign and Speed's test. Diagnosis: right shoulder rotator cuff tendinitis. Treatment plan and request: Norco, Ambien, Ativan.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10/325 Mg # 60 With 3 Refills:** 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): 76-85, 85-89.

**Decision rationale:** This 59 year old female has complained of right shoulder pain since date of injury 11/6/2007. She has been treated with physical therapy and medications to include Norco. No treating physician reports adequately assess the patient with respect to function, specific

benefit, return to work, signs of abuse or treatment alternatives other than opioids. There is no evidence that the treating physician is prescribing opioids according to the MTUS section cited above which recommends prescribing according to function, with specific functional goals, return to work, random drug testing, opioid contract and documentation of failure of prior non-opioid therapy. On the basis of this lack of documentation and failure to adhere to the MTUS guidelines, Norco 10/325 is not indicated as medically necessary.

**Ambien 10 Mg #30 With 3 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), Insomnia.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation WWW.UPTODATE.COM.

**Decision rationale:** Ambien is recommended for the short term treatment of insomnia not to exceed 2-6 weeks duration. There is no documentation in the available medical records of the diagnosis of insomnia or other sleep disorders. There is no evidence that the provider has prescribed this medication according to the recommended medical guidelines. Ambien, therefore, is not indicated as medically necessary in this patient.

**Ativan 1 Mg #30 With 3 Refills:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines BENZODIAZEPINES Page(s): 24.

**Decision rationale:** The current request is for Ativan. There is no discussion in the available medical records regarding the indications for use of Ativan in this patient. On the basis of this lack of documentation, Ativan is not indicated as medically necessary in this patient.