

<b>Case Number:</b>	CM14-0036633		
<b>Date Assigned:</b>	06/25/2014	<b>Date of Injury:</b>	01/23/2013
<b>Decision Date:</b>	08/14/2014	<b>UR Denial Date:</b>	03/21/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/26/2014

### 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 Orthopedic Surgery 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 records presented for review indicate that this 32-year-old male was reportedly injured on January 23, 2013. The mechanism of injury was noted as reaching and grabbing for an item to keep it from falling from the tractor. The most recent progress note, dated March 11, 2014, indicated that there were ongoing complaints of neck pain, left shoulder pain, thoracic back pain, low back pain, and left leg pain. The physical examination demonstrated tenderness of the lumbar paraspinal muscles as well as the left deltoid. There was restricted range of motion of the left shoulder, cervical spine, and lumbar spine. There was a request for a left-sided L4-5 and L5-S1 facet joint medial branch block. The diagnostic imaging studies reported a central disc protrusion at L5-S1. An MRI of the left shoulder showed a labral tear, biceps tendon tear, and severe tendinitis of the biceps tendon. The previous treatment included physical therapy, anti-inflammatory medications, epidural steroid injections, and modified duty. A request had been made for Ambien, hydrocodone, and Norco and was not certified in the pre-authorization process on March 21, 2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Ambien:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation SAMHSA, Mental Chapter.

**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 07/10/14).

**Decision rationale:** Ambien (zolpidem) is a prescription short-acting nonbenzodiazepine hypnotic, which is approved for the short-term (usually two to six weeks) treatment of insomnia. Proper sleep hygiene was critical to the individual with chronic pain and often is hard to obtain. Various medications may provide short-term benefit. While sleeping pills, so-called minor tranquilizers, and anti-anxiety agents are commonly prescribed in chronic pain, pain specialists rarely, if ever, recommend them for long-term use. The attached medical record stated that this was the first prescription for this medication; however, it did not state how many tablets were requested. Without this information, this request for Ambien is not medically necessary.

**Hydrocodone:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines- TWC, Pain (Chronic).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 (Effective July 18, 2009) Page(s): 74-78 of 127.

**Decision rationale:** Hydrocodone is a short-acting opioid combined with acetaminophen. The Chronic Pain Medical Treatment Guidelines support short-acting opiates for the short-term management of moderate to severe breakthrough pain. The management of opiate medications should include the lowest possible dose to improve pain and function, as well as the ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. The injured employee has chronic pain; however, there was no clinical documentation of improvement in the pain or function with the current regimen. As such, this request for hydrocodone is not medically necessary.

**Norco:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 (Effective July 18, 2009) Page(s): 74-78 of 127.

**Decision rationale:** Norco is a short-acting opioid combined with acetaminophen. The Chronic Pain Medical Treatment Guidelines supports short-acting opiates for the short-term management of moderate to severe breakthrough pain. The management of opiate medications should include the lowest possible dose to improve pain and function, as well as the ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. The injured employee has chronic pain; however, there was no clinical documentation of

improvement in the pain or function with the current regimen. As such, this request for Norco is not medically necessary.