

<b>Case Number:</b>	CM14-0039801		
<b>Date Assigned:</b>	06/27/2014	<b>Date of Injury:</b>	01/29/2007
<b>Decision Date:</b>	07/31/2014	<b>UR Denial Date:</b>	03/21/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/04/2014

### 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 Texas. 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 52 year old male with 1/29/2007 date of injury. He underwent left shoulder arthroscopic surgery on 9/27/2013. He continues to complain of pain and stiffness of the left shoulder. He takes Exalgo ER and Percocet, and notes drowsiness with these medications, and reports that he seems to be worsening. He is considering options of cortisone injections or repeat left shoulder surgery. He remains on temporary total disability (TTD). The patient was seen for a follow-up examination on 5/07/2014. He is on Exalgo 15mg, and has already ran out of Percocet, tapered off by peer to peer MD. When he is taking both medications, pain is 3/10. He reports 5-6/10 pain, and Percocet helps to some degree. He has catching with movement of the shoulder, and the left pectoralis area is still numb post-op, to the mid arm. He is working with 10 lb weights. He is on Percocet 7.5mg, Flexeril, Celebrex, analgesic compound, and Omeprazole. Objective findings include passive range of motion (ROM) is fair but not full; decreased sensation of left pectoralis; proximal anterior, lateral arm to 40% of normal; motor strength is 4+/5 with abduction. He remains on TTD, and medications were continued as prescribed.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Percocet 7.5mg. tid prn, breakthrough pain #90:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, On Going Management.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids  
Page(s): 74-96.

**Decision rationale:** MTUS Guidelines state, Percocet use in chronic pain is recommended for short-term pain relief, the long-term efficacy is unclear (>16 weeks), but also appears limited. The medical records document the patient has complaints of chronic left shoulder pain, and he is several months out from shoulder arthroscopy. The medical records do not reflect that there has been any significant improvement in pain level or functional capacity. According to the Chronic Pain Medical Treatment Guidelines, continued opioid treatment requires documented pain and functional improvement and response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. In the absence of documented significant improvement of pain and function on the requested medication, the request is not medically necessary.

**Ambien 10mg. qhs, prn:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines-Treatment for Workman's Compensation Integrated Treatment/Disability Duration Guidelines Pain (chronic)- (updated 03/18/14).

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

**Decision rationale:** According to Official Disability Guidelines, Ambien is indicated for short term treatment of insomnia with difficulty of sleep onset, 7-10 days, and is indicated for treatment of insomnia with difficulty of sleep onset and/or maintenance. The medical records indicate the patient has been utilizing Ambien since he underwent shoulder surgery. Chronic use of a sleep aid is not recommended. The medical records do not demonstrate the patient has benefited from chronic use, but still continues to report sleep complaints. The medical records do not document that appropriate sleep hygiene is being utilized. There is no clear indication for continued Ambien. Therefore, the request is not medically necessary.

**Exalgo ER 16mg. 1 tab daily, #30:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids  
Page(s): 74-96.

**Decision rationale:** MTUS Guidelines state that long-acting opioids are a highly potent form of opiate analgesics. The proposed advantage of long-acting opioids is that they stabilize medication levels, and provide around-the-clock analgesia. Opioids should be discontinued if there is no overall improvement in function, unless there are extenuating circumstances.

According to the Official Disability Guidelines, Exalgo is a once-a-day extended release opioid formulation for the management of moderate to severe pain in opioid-tolerant patients requiring continuous, around-the-clock opioid analgesia for an extended period of time. This medication has an FDA black box warning, and is not recommended as a first line drug. The patient has not improved function or returned to work in any capacity. According to the medical literature, nonsteroidal anti-inflammatory drugs (NSAIDs) and acetaminophen are effective in management of moderate to moderately severe pain levels. Therefore, the request is not medically necessary.