

<b>Case Number:</b>	CM14-0040706		
<b>Date Assigned:</b>	06/27/2014	<b>Date of Injury:</b>	08/08/2000
<b>Decision Date:</b>	08/25/2014	<b>UR Denial Date:</b>	03/21/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/07/2014

### 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, 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:

Patient is an injured worker with chronic neck and shoulder pain and insomnia reportedly associated with an industrial injury on August 8, 2000. The patient's problem list includes adhesive capsulitis of the shoulder, cervical degenerative joint disease, status post right shoulder surgery, and bilateral shoulder degenerative joint disease. Progress note dated 04/02/2014 documented that the patient had been on her medication regimen for fourteen years. [REDACTED] documented that they would attempt to reduce the use of Norco. On 11-06-13, patient expressed the desire to "get off Norco." Medications included Ambien 10 mg daily prn, Norco 10/325 1-2 tablets every 4 hours prn, Soma, Celebrex, Tylenol 500 mg. Physical examination findings included bilateral shoulder tenderness and decreased range of motion, cervical spine tenderness and decreased range of motion, normal motor. Impression was left shoulder pain, adhesive capsulitis, neck pain, cervical degenerative joint disorder, bilateral shoulder degenerative joint disorder, status post right shoulder surgery, return to clinic one month. Prescriptions included Ambien 10 mg daily # 30 refills # 3, Norco 10-325 mg 1-2 tablets Q4hr # 150 refills # 3, and Tylenol Extra Strength 500 mg 1 tablet 2 to 3 times daily #200. Progress report dated 03-17-2014 documented prescriptions for Ambien 10 mg daily # 30 refills # 3 and Norco 10-325 mg 1-2 tablets Q4hr # 150 refills # 3. Progress report dated 02-04-2014 documented medications Ambien 10 mg bedtime and Norco 10-325 mg 1-2 tablets three times a day. Progress report dated 11-06-2013 documented prescriptions for Ambien 10 mg daily # 30 and Norco 10-325 mg 1-2 tablets Q4hr # 150. Progress report dated 03-28-2013 documented prescriptions for Ambien 10 mg daily # 30, Norco 10-325 mg 1-2 tablets Q4hr # 150, and Tylenol Extra Strength 500 mg 1 tablet 2 to 3 times daily #200. Utilization review decision date was 03-21-2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10/325 mg #150 with 3 refills:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 346,Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 181-183,Chronic Pain Treatment Guidelines Acetaminophen Page(s): 11-12.

**Decision rationale:** Medical treatment utilization schedule (MTUS) addresses opioids. American College of Occupational and Environmental Medicine (ACOEM) 2nd Edition (2004) does not recommend the long-term use of opioids for neck, upper back, and shoulder conditions. Chronic Pain Medical Treatment Guidelines warns that Acetaminophen overdose is a well-known cause of acute liver failure. Acetaminophen has a risk of hepatotoxicity. Maximum recommended dose of Acetaminophen is 4 grams per day. Patient has been prescribed Norco, which contains opioid Hydrocodone and Acetaminophen for over one year. Medical records indicate that the patient has been on her medication regimen for fourteen years. ACOEM guidelines do not recommend the long-term use of opioids for neck, upper back, and shoulder conditions. Furthermore, patient has expressed the desire to discontinue Norco. The physician expressed the desire to reduce the dose of Norco. The prescription of 150 tablets of Norco with 3 refills, which is a total of 600 tablets, is not consistent with the plan to discontinue Norco. Medical records document that the patient has been prescribed Norco and Tylenol Extra Strength. Both medications contain Acetaminophen. Based on the prescribed doses, Norco and Tylenol may result in a daily dose of Acetaminophen in excess of 5,000 milligrams. The maximum daily dose of Acetaminophen is 4,000 milligrams daily. Acetaminophen has a risk of hepatotoxicity. For this reason, this total dose of Acetaminophen is not recommended. Therefore, the request for Norco 10/325 mg #150 with 3 refills is not medically necessary.

**Ambien 10mg #30 with 3 refills:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 346,Chronic Pain Treatment Guidelines.

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

**Decision rationale:** Medical treatment utilization schedule (MTUS) does not address Ambien. Official Disability Guidelines (ODG) state that Ambien is approved for the short-term, usually two to six weeks, treatment of insomnia, and should be used for only a short period of time. Patient has been prescribed Ambien for over one year. Medical records indicate that the patient has been on her medication regimen for fourteen years. The prescription for 30 tablets of Ambien with 3 additional refills would extend the use of Ambien an additional 4 months. ODG guidelines states that Ambien should be used for only a short period of time. Long-term used of

Ambien is not recommended. Therefore, the request for Ambien 10mg #30 with 3 refills is not medically necessary.