

<b>Case Number:</b>	CM14-0043125		
<b>Date Assigned:</b>	06/20/2014	<b>Date of Injury:</b>	09/07/2001
<b>Decision Date:</b>	07/18/2014	<b>UR Denial Date:</b>	03/11/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/17/2014

### 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 Anesthesiology, has a subspecialty in Pain Management 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:

According to the records made available for review, this is a 56-year-old male with a 9/7/01 date of injury, status post total left shoulder arthroplasty in April 2013, and status post right shoulder rotator cuff repair in October 2013. At the time (2/25/14) of request for authorization for Omnaris 50mcg nasal spray #1 with 1 refill and , there is documentation of subjective (right shoulder pain, low back pain, and difficulty sleeping with awakening during the night) and objective (tenderness to palpation at the anterolateral corner of the right acromion, decreased right shoulder range of motion and strength, and positive Hawkin's and Neer's impingement signs of the right shoulder) findings, current diagnoses (bilateral shoulder pain, left shoulder joint replacement, and right shoulder complete rotator cuff tear), and treatment to date (Omanris and Edluar since at least 12/2/13).

### IMR ISSUES, DECISIONS AND RATIONALES

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

**OMNARIS 50MCG NASAL SPRAY #1 WITH 1 REFILL:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation (<http://www.drugs.com/monograph/omnaris-eent.html>).

**Decision rationale:** MTUS and ODG do not address this issue. Chronic Pain Medical Treatment Guideline identifies Omnaris (ciclesonide) as a corticosteroid nasal spray. In addition, Chronic Pain Medical Treatment Guideline identifies documentation of a condition/diagnosis (with supportive subjective/objective findings) for which Omnaris is indicated (such as symptomatic relief of rhinorrhea, nasal congestion, sneezing, and nasal itching associated with seasonal or perennial allergic rhinitis), as criteria necessary to support the medical necessity of Omnaris. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. Within the medical information available for review, there is documentation of diagnoses of bilateral shoulder pain, left shoulder joint replacement, and right shoulder complete rotator cuff tear. However, there is no documentation of a condition/diagnosis (with supportive subjective/objective findings) for which Omnaris is indicated (such as symptomatic relief of rhinorrhea, nasal congestion, sneezing, and nasal itching associated with seasonal or perennial allergic rhinitis). In addition, given documentation of ongoing treatment with Omnaris since at least 12/2/13, there is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of use of Omnaris. Therefore, based on guidelines and a review of the evidence, the request for Omnaris 50mcg nasal spray #1 with 1 refill is not medically necessary.

**EDLUAR 10MG #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, Mental Illness & Stress.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chronic Pain, Edluar (zolpidem tartrate).

**Decision rationale:** MTUS does not address this issue. ODG identifies Edluar (zolpidem tartrate) sublingual tablet as a prescription short-acting non benzodiazepine hypnotic, which is approved for the short-term (usually two to six weeks) treatment of insomnia. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. Within the medical information available for review, there is documentation of diagnoses of bilateral shoulder pain, left shoulder joint replacement, and right shoulder complete rotator cuff tear. In addition, there is documentation of difficulty sleeping with awakening during the night. However, given documentation of ongoing treatment with Edluar since at least 12/2/13, there is no documentation of short-term (usually two to six weeks) treatment of insomnia and functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of use of Edluar 10mg #30. Therefore, based on guidelines and a review of the evidence, the request for Edluar 10mg #30 is not medically necessary.

