

<b>Case Number:</b>	CM15-0195785		
<b>Date Assigned:</b>	10/09/2015	<b>Date of Injury:</b>	08/05/2013
<b>Decision Date:</b>	12/07/2015	<b>UR Denial Date:</b>	09/08/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/05/2015

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Orthopedic Surgery, Hand Surgery, Sports Medicine

### 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 injured worker is a 48 year old male, who sustained an industrial injury on 8-5-2013. The injured worker is undergoing treatment for: finger fracture, non-union of fracture, cervical disc disease, On 5-29-15, he reported neck pain with radiation. There are no objective findings reported. On 8-13-15, he reported pain and stiffness of the left 5th finger. He is reported to be post-operative repair of the left 5th finger. Objective findings revealed post-operative wounds that were healed and with good alignment. The records do not discuss efficacy of Ambien or Norco. There is no discussion of reduction of pain with medications. There is no discussion of assessment of sleep hygiene. The treatment and diagnostic testing to date has included: CT scan of head, neck, chest, abdomen and pelvis (8-5-13), medications, x-rays of the right wrist (8-5-13), CT scan of right wrist (8-5-13), emergency room treatment (8-5-13), repair of finger fractures (2-27-14), electrodiagnostic studies (3-17-15). Medications have included: Norco, Ambien. The records indicate he has been utilizing Hydrocodone since at least May 2014, possibly longer. The records are unclear regarding when Ambien was originally prescribed. Current work status: off work until 12-1-15. The request for authorization is for: 90 Norco 10mg, 30 Ambien 10gm. The UR dated 9-9-2015: modified certification of 42 Norco 10mg; and non-certified the request for 30 Ambien 10mg.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10mg #90:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Forearm, Wrist, and Hand Complaints 2004, Section(s): Summary.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use, Opioids, dealing with misuse & addiction. Decision based on Non-MTUS Citation J Hand Surg Am. 2012 Apr; 37(4): 645-50. doi: 10.1016/j.jhsa.2012.01.035. E pub 2012 Mar 10. Opioid consumption following outpatient upper extremity surgery. Rodgers J 1, Cunningham K, Fitzgerald K, Finnerty E.

**Decision rationale:** This is a request for 90 10-mg Norco tablets. Norco is a DEA scheduled II narcotic with high potential for abuse which can lead to severe psychological and physical dependence. It is recommended for short-term pain management following surgery. In this case records indicate a relatively minor surgery was performed on September 1, 2015 for removal of 2 pins from the injured workers small finger. Studies have suggested that greater than 30 tablets is excessive following such upper extremity surgery - reference appended above. The request for 90 of the largest manufactured Norco tablets 3 months following small finger surgery is not medically supported and is determined to be unnecessary.

**Ambien 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 (ODG), Mental Illness & Stress: Insomnia treatment (2015).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation J Clin Sleep Med. 2008 Oct 15; 4(5): 487-504. PMID: PMC2576317 Clinical Guideline for the Evaluation and Management of Chronic Insomnia in Adults Sharon Schutte-Rodin, M.D., 1 Lauren Broch, Ph.D., 2 Daniel Buysse, M.D., 3 Cynthia Dorsey, Ph.D., 4 and Michael Sateia, M.D.5.

**Decision rationale:** This is a request for 30 tablets of Ambien which is a benzodiazepine used to treat insomnia. The California MTUS guidelines do not address insomnia treatment; alternate guidelines are provided. Pharmacologic treatment of insomnia is recommended just short-term with regular evaluation for effectiveness, side effects and the need for ongoing medication. In this case records indicate an injury on August 5, 2013. There is no mention of insomnia and no documentation of functional benefits from the use of the medication or the need for ongoing pharmacologic insomnia treatment. There is insufficient medical evidence provided to support the request for continued insomnia treatment which is determined to be unnecessary.