

<b>Case Number:</b>	CM15-0199048		
<b>Date Assigned:</b>	10/14/2015	<b>Date of Injury:</b>	02/26/2014
<b>Decision Date:</b>	11/20/2015	<b>UR Denial Date:</b>	09/24/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/09/2015

### 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: Arizona, California

Certification(s)/Specialty: Family Practice

### 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 41 year old female, who sustained an industrial injury on 2-26-2014. The injured worker is undergoing treatment for left shoulder impingement syndrome with rotator cuff tendinopathy, cervical myofascial pain, and right radial wrist pain. On 8-27-15, she reported left shoulder pain rated 9 out of 10 with worsened range of motion, right wrist and hand pain rated 5 out of 10, neck pain rated 5 out of 10, and thoracic pain rated 5 out of 10. On 9-17-15, she reported left shoulder pain rated 8 out of 10, right wrist and hand pain rated 5 out of 10. She denied side effects with hydrocodone and Ambien. Objective findings revealed tenderness to the left shoulder with limited range of motion and crepitance, decreased neck range of motion, and unchanged right wrist and hand examination is noted. The provider noted she has had poor response to opioids in the past. The records do not discuss pain reduction, or sleep issues. There is no current assessment of sleep hygiene. The treatment and diagnostic testing to date has included: medications, magnetic resonance imaging of the left shoulder, thoracic spine and cervical spine (3-27-15), x-rays of the left scapula (3-27-15), electrodiagnostic studies (4-6-15), urine drug screen (9-17-15), physical therapy, home exercise, activity modification, and injection (date unclear). Medications have included hydrocodone, Ambien. The records indicate she has been utilizing Norco since at least April 2015, possibly longer; and Ambien since at least May 2015, possibly longer. Current work status: permanent and stationary. The request for authorization is for Hydrocodone 7.5mg quantity 60, Ambien 10mg quantity 30. The UR dated 9-24-2015: non-certified Hydrocodone 7.5mg quantity 60, Ambien 10mg quantity 30.

## IMR ISSUES, DECISIONS AND RATIONALES

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

### **Hydrocodone 7.5mg quantity 60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use, Opioids for chronic pain, Opioids for neuropathic pain.

**Decision rationale:** Hydrocodone is a short acting opioid used for breakthrough pain. According to the MTUS guidelines, it is not indicated as 1st line therapy for neuropathic pain, and chronic back pain. It is not indicated for mechanical or compressive etiologies. It is recommended for a trial basis for short-term use. Long-Term use has not been supported by any trials. In this case, the claimant had been on Hydrocodone for several months without mention of reduction in VAS scores attributed to medications. There was no mention of Tylenol, NSAID, or weaning failure. The continued use of Hydrocodone is not medically necessary.

### **Ambien 10mg quantity 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, Ambien (Zolpidem).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) pain chapter- insomnia medications and pg 64.

**Decision rationale:** The MTUS guidelines do not comment on insomnia. According to the ODG guidelines, recommend that treatment be based on the etiology, with the medications. Pharmacological agents should only be used after careful evaluation of potential causes of sleep disturbance. Failure of sleep disturbance to resolve in a 7 to 10 day period may indicate a psychiatric and/or medical illness. Primary insomnia is generally addressed pharmacologically. Secondary insomnia may be treated with pharmacological and/or psychological measures. Zolpidem is indicated for the short-term treatment of insomnia with difficulty of sleep onset (7-10 days). In this case, the claimant had used the medication for several months. The etiology of sleep disturbance was not defined or further evaluated. In addition, doses above 5 mg for females increase side effects and risks. Continued use of Zolpidem (Ambien) is not medically necessary.