

<b>Case Number:</b>	CM15-0201223		
<b>Date Assigned:</b>	11/05/2015	<b>Date of Injury:</b>	09/26/2013
<b>Decision Date:</b>	12/24/2015	<b>UR Denial Date:</b>	10/01/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/13/2015

### 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, North Carolina  
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 40 year old male, who sustained an industrial injury on September 26, 2013, incurring injuries to the right shoulder. He was diagnosed with a right labral tear. Treatment included physical therapy and home exercise program, steroid injections, pain medications, muscle relaxants, sleep aides, heat and ice and modified activities. Physical therapy did not help with relief of his shoulder pain. He underwent a shoulder arthroscopy with repair of a labral tear, capsular release and claviculoplasty on June 30, 2015. Currently, the injured worker complained of persistent pain, weakness and stiffness of the right shoulder with reduced active range of motion. He noted shooting pain into the upper arm and across the right clavicle and upper chest. He rated his pain 6 out of 10 on a pain scale from 0 to 10. He was diagnosed with a rotator cuff sprain and adhesive capsulitis of the right shoulder. The treatment plan that was requested for authorization included prescriptions for Tylenol with Codeine, Sonata and Meloxicam. On October 1, 2015, a request for prescriptions for Tylenol with Codeine, Sonata and Meloxicam was denied by utilization review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Tylenol #3 500/30mg #9:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs (non-steroidal anti-inflammatory drugs).

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

**Decision rationale:** The claimant's date of injury was 9/26/2013 with resulting chronic right shoulder pain. The request is for ongoing Tylenol #3. No documentation was submitted to justify the medical necessity of the request. The medical records reveal no specific functional improvement with the Tylenol #3, changes in ADL's or change in work status. There is no significant improvement in functional status and the documentation submitted is inadequate to warrant approval of the request or medical necessity. Therefore is not medically necessary.

**Sonata 10mg #30:** Upheld

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

**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).

**Decision rationale:** The request is for Sonata, a sedative hypnotic used to treat insomnia. MTUS does not specifically address the use of Sonata. Sonata is indicated for the short-term treatment of insomnia, for up to 5 weeks. In this case, Sonata appears to be prescribed for long-term use. FDA Guidelines do not approve long-term use. Within the medical records, there is no evaluation of the claimant's insomnia, including possible causes, non-pharmacologic management and sleep hygiene. Therefore the request is not medically necessary or appropriate.

**Meloxicam:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs (non-steroidal anti-inflammatory drugs).

**Decision rationale:** Meloxicam is a NSAID indicated for the treatment of osteoarthritis. It is recommended at the lowest dose for the shortest period of time. Long-term use is not recommended due to possible cardiovascular and GI adverse events. In this case, there is no evidence of functional improvement specifically related to the use of Meloxicam. Therefore the request is not medically necessary or appropriate.