

<b>Case Number:</b>	CM15-0022714		
<b>Date Assigned:</b>	02/12/2015	<b>Date of Injury:</b>	07/22/1999
<b>Decision Date:</b>	03/25/2015	<b>UR Denial Date:</b>	01/28/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/06/2015

### 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: Emergency 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 55 year old male, who sustained an industrial injury on 7/22/99. He has reported pain in both shoulders. The diagnoses have included right shoulder pain and mood disorder. Treatment to date has included physical therapy x 6 sessions, diagnostic studies and oral medications. As of the PR2 dated 1/15/15, the injured worker reports 7/10 pain in the shoulders and poor sleep quality. He indicated that can sleep only about 4 hours at a time when he is taking Lunesta and that the Norco reduces his pain to about 5/10 from a 10/10. The treating physician noted a positive Hawkins test. The treating physician requested Ambien10mg #30 and Norco 10/325mg #90. On 1/28/15 Utilization Review non-certified a request for Ambien 10mg #30 and modified a request for Norco 10/325mg #90 to Norco 10/325mg #24. The utilization review physician cited the MTUS and ODG guidelines. On 1/29/15, the injured worker submitted an application for IMR for review of Ambien10mg #30 and Norco 10/325mg #90.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**One prescription of Ambien 10 mg # 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) Ambien

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Pain (Chronic), (updated 07/10/14), Insomnia Medications

**Decision rationale:** The requested Ambien 10 mg # 30, is not medically necessary. CA MTUS is silent. ODG -TWC, Integrated Treatment/Disability Duration Guidelines, Pain (Chronic), (updated 07/10/14), Insomnia Medications; note "Zolpidem is a prescription short-acting nonbenzodiazepinehypnotic, which is approved for the short-term (usually two to six weeks) treatment of insomnia". The injured worker has pain in both shoulders. The treating physician has documented positive Hawkins test. The treating physician has not documented current sleep disturbance, results of sleep behavior modification attempts or any derived functional benefit from its previous use. The criteria noted above not having been met, Ambien 10 mg # 30 is not medically necessary.

**Norco 10/325 mg # 90:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, On-Going Management, Pages 78-80, Opioids for Chronic Pain, Pages 80-82.

**Decision rationale:** The requested Norco 10/325 mg # 90 is not medically necessary. CA MTUS Chronic Pain Treatment Guidelines, Opioids, On-Going Management, Pages 78-80, Opioids for Chronic Pain, Pages 80-82, recommend continued use of this opiate for the treatment of moderate to severe pain, with documented objective evidence of derived functional benefit, as well as documented opiate surveillance measures. The injured worker has pain in both shoulders. The treating physician has documented positive Hawkins test. The treating physician has not documented VAS pain quantification with and without medications, duration of treatment, and objective evidence of derived functional benefit such as improvements in activities of daily living or reduced work restrictions or decreased reliance on medical intervention, nor measures of opiate surveillance including an executed narcotic pain contract or urine drug screening. The criteria not having been met, Norco 10/325 mg # 90 is not medically necessary.