

<b>Case Number:</b>	CM14-0136793		
<b>Date Assigned:</b>	09/03/2014	<b>Date of Injury:</b>	02/22/2010
<b>Decision Date:</b>	10/27/2014	<b>UR Denial Date:</b>	08/01/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/25/2014

### 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 52-year-old female with a 2/22/10 date of injury. At the time (6/23/14) of request for authorization for Ambien 10 mg, QTY: 30 and Norco 5/325 mg, QTY: 90, there is documentation of subjective (arm and shoulder pain) and objective (decreased shoulder range of motion and hypersensitivity and tenderness over the right elbow) findings, current diagnoses (left shoulder complex regional pain syndrome, bilateral lateral epicondylitis, and possible cubital tunnel syndrome), and treatment to date (medications (including ongoing treatment with Ambien and Norco since at least 1/10/14) and treatment with TENS unit). Medical report identifies that there is a narcotics agreement. In addition, medical report identifies that medications help with the patient's level of function. Regarding Ambien, there is no documentation of insomnia; and short-term (less than two to six weeks) treatment.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Ambien 10 mg, QTY: 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), Pain (updated 07/10/14), Zolpidem (Ambien)

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chronic Pain Chapter, Zolpidem

**Decision rationale:** MTUS does not address this issue. ODG identifies Ambien (zolpidem) as a prescription short-acting nonbenzodiazepine 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 left shoulder complex regional pain syndrome, bilateral lateral epicondylitis, and possible cubital tunnel syndrome. In addition, there is documentation of ongoing treatment with Ambien. Furthermore, given documentation that Ambien helps with the patient's level of function, there is documentation of functional benefit and improvement as an increase in activity tolerance as a result of Ambien use to date. However, there is no documentation of insomnia. In addition, given documentation of records reflecting prescriptions for Ambien since at least 1/10/14, there is no documentation of short-term (less than two to six weeks) treatment. Therefore, based on guidelines and a review of the evidence, the request for Ambien 10 mg, QTY: 30 is not medically necessary.

**Norco 5/325 mg, QTY: 90:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for Use Page(s): 76-80.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-80.

**Decision rationale:** MTUS Chronic Pain Medical Treatment Guidelines necessitate documentation that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; and there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects, as criteria necessary to support the medical necessity of opioids. 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 left shoulder complex regional pain syndrome, bilateral lateral epicondylitis, and possible cubital tunnel syndrome. In addition, there is documentation of ongoing treatment with Norco. Furthermore, given documentation that there is a narcotic agreement, there is documentation that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; and there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Lastly, given documentation that Norco helps with the patient's level of function, there is documentation of functional benefit and improvement as an increase in activity tolerance as a result of Norco use to date. Therefore, based on guidelines and a review of the evidence, the request for Norco 5/325 mg, QTY: 90 is medically necessary.

