

<b>Case Number:</b>	CM14-0161300		
<b>Date Assigned:</b>	10/06/2014	<b>Date of Injury:</b>	04/13/2012
<b>Decision Date:</b>	10/30/2014	<b>UR Denial Date:</b>	09/04/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/01/2014

### 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 Occupational Medicine, 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 41-year-old male with a 4/13/12 date of injury, and arthroscopic surgery for rotator cuff repair in September, 2012. At the time (9/4/14) of Decision for 60 Tablets of Norco 5mg/325mg With 3 Refills and 15 Tablets of Ambien 5mg With 3 Refills, there is documentation of subjective (persistent right shoulder and neck pain) and objective (limited range of motion of the right shoulder, numbness and decreased sensation to light touch over the 3rd, 4th, and 5th digits of the right hand) findings, current diagnoses (chronic right shoulder pain, status post rotator cuff repair, and chronic neck pain), and treatment to date (medication (including ongoing treatment with Relafen)). Regarding Norco, there is no 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. Regarding Ambien, there is no documentation of short-term (usually two to six weeks) treatment of Insomnia.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 5/325mg #60 with 3 refills:** Upheld

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

**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. Within the medical information available for review, there is documentation of diagnoses of chronic right shoulder pain, status post rotator cuff repair, and chronic neck pain. However, there is no 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. Therefore, based on guidelines and a review of the evidence, the request for Norco 5/325mg #60 with 3 refills is not medically necessary.

**Ambien 5mg #15 with 3 refills:** 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), Chronic Pain Chapter, Zolpidem

**Decision rationale:** MTUS does not address this issue. ODG identifies Ambien (Zolpidem) as a prescription short-acting non-benzodiazepine hypnotic, which is approved for the short-term (usually two to six weeks) treatment of insomnia. Within the medical information available for review, there is documentation of diagnoses of chronic right shoulder pain, status post rotator cuff repair, and chronic neck pain. However, there is no documentation of Insomnia. In addition, given documentation of a request for 15 Tablets of Ambien 5mg With 3 Refills, there is no (clear) documentation of the intention to treat for a short term (two to six weeks). Therefore, based on guidelines and a review of the evidence, the request for Ambien 5mg #15 with 3 refills is not medically necessary.