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| <b>Case Number:</b>   | CM15-0111684 |                              |            |
| <b>Date Assigned:</b> | 06/18/2015   | <b>Date of Injury:</b>       | 03/15/2012 |
| <b>Decision Date:</b> | 07/22/2015   | <b>UR Denial Date:</b>       | 06/01/2015 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 06/09/2015 |

### 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: California, Texas, Florida

Certification(s)/Specialty: Anesthesiology, Pain Management, Hospice & Palliative 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 54-year-old female, who sustained an industrial injury on 3/15/12. She reported pain and numbness in bilateral hands. The injured worker was diagnosed as having carpal tunnel syndrome, pain in forearm joint, pain in shoulder joint, and rotator cuff tear. Treatment to date has included cervical discectomy, left shoulder surgery, oral medications including Norco and Ambien, physical therapy, ultrasound guided cortisone injection to left shoulder and heat/ice therapy. Currently, the injured worker complains of aching pain and soreness of left shoulder since surgery performed on 5/12/15. She is currently not working. Physical exam noted mild pain with tenderness and limited range of motion of left shoulder. The treatment plan included extension of post-op physical therapy, prescriptions for Norco and Ambien, ice/heat therapy, and a follow up appointment.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10/325mg QTY: 60. 00:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation Page(s): 47-48, Chronic Pain Treatment Guidelines Page(s): 44, 47, 75-79, and 120.

**Decision rationale:** Regarding the request for Norco 10/325mg #60, California MTUS cites that opioids should be used only if needed for severe pain and only for a short time. While long-term use of opioids is supported only in the presence of ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects, it should be noted that the request was made both before and after shoulder surgery. A short course of opioids is appropriate in the management of postoperative pain. In light of the above, the currently requested Norco 10/325 mg #60 is medically necessary.

**Ambien 10mg QTY: 30. 00:** 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, Sleep Medication, Insomnia treatment.

**Decision rationale:** Regarding the request for Ambien, California MTUS guidelines are silent regarding the use of sedative hypnotic agents. ODG recommends the short-term use (usually two to six weeks) of pharmacological agents only after careful evaluation of potential causes of sleep disturbance. They go on to state the failure of sleep disturbances to resolve in 7 to 10 days, may indicate a psychiatric or medical illness. Within the documentation available for review, there are no subjective complaints of insomnia, no discussion regarding how frequently the insomnia complaints occur or how long they have been occurring, no statement indicating what behavioral treatments have been attempted for the condition of insomnia, and no statement indicating how the patient has responded to Ambien treatment. In the absence of such documentation, the currently requested Ambien is not medically necessary.