

<b>Case Number:</b>	CM15-0090390		
<b>Date Assigned:</b>	05/14/2015	<b>Date of Injury:</b>	01/01/2004
<b>Decision Date:</b>	08/04/2015	<b>UR Denial Date:</b>	04/12/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/11/2015

### 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: New Jersey, Alabama, California  
 Certification(s)/Specialty: Neurology, Neuromuscular 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 62 year old female with an industrial injury dated 01/01/2004. The injured worker's diagnoses include compressive injury of the right brachial plexus secondary to overuse syndrome and adhesive capsulitis of the left shoulder. Treatment consisted of diagnostic studies, prescribed medications, and periodic follow up visits. In a progress note dated 03/26/2015, the injured worker reported severe pain in the left shoulder that increases with activity. The injured worker also reported neck pain radiating into bilateral hands with associated weakness and numbness. Objective findings revealed decrease motor strength in the left hand, positive Tinel's sign in the right brachial plexus, atrophy of the left supraspinatus, infraspinatus, pectoralis major, and the deltoid muscles on the left side causing weakness in the shoulder muscles and increased pain with internal and external rotation of the left shoulder joint. Treatment plan consisted of medication management. The treating physician prescribed Oxycontin 20mg #120 and Ambien 12.5mg #30 now under review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Oxycontin 20mg #120: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 80.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of opioids Page(s): 76-79.

**Decision rationale:** According to MTUS guidelines, ongoing use of opioids should follow specific rules: "(a) Prescriptions from a single practitioner taken as directed, and all prescriptions from a single pharmacy. (b) The lowest possible dose should be prescribed to improve pain and function. (c) Office: Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Information from family members or other caregivers should be considered in determining the patient's response to treatment. The 4 A's for Ongoing Monitoring: Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non adherent) drug-related behaviors. These domains have been summarized as the "4 A's" (analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework."Based on the medical records, the patient has used this medication for long time without documentation of pain and functional improvement. This medication was modified for #30 on November 20, 2014. Based on these findings, the prescription of Oxycontin 20mg #60 with 2 refills is not medically necessary.

**Ambien 12.5mg #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), Chronic Pain, Zolpidem (Ambien).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Non-Benzodiazepine sedative-hypnotics (Benzodiazepine-receptor agonists <http://worklossdatainstitute.verioiponly.com/odgtwc/pain.htm>).

**Decision rationale:** According to ODG guidelines, "Non-Benzodiazepine sedative-hypnotics (Benzodiazepine-receptor agonists): First-line medications for insomnia. This class of medications includes Zolpidem (Ambien and Ambien CR), zaleplon (Sonata), and eszopicolone (Lunesta). Benzodiazepine-receptor agonists work by selectively binding to type-1 benzo-diazepine receptors in the CNS. All of the benzodiazepine-receptor agonists are schedule IV controlled substances, which means they have potential for abuse and dependency." Ambien is not recommended for long-term use to treat sleep problems. Furthermore, there is no documentation of the use of non-pharmacologic treatment for the patient's sleep issue. There is no documentation and characterization of any recent sleep issues with the patient. Therefore, the prescription of Ambien 12.5mg #30 is not medically necessary.