

Case Number:	CM15-0095807		
Date Assigned:	05/22/2015	Date of Injury:	03/05/2014
Decision Date:	08/26/2015	UR Denial Date:	05/08/2015
Priority:	Standard	Application Received:	05/18/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 52 year old male, who sustained an industrial injury on 3/05/2014. He reported falling off a truck striking the right shoulder and landing seated with immediate back, shoulder, and ankle pain. He subsequently underwent right shoulder arthroscopy in November 2014. Diagnoses include complete rupture of rotator cuff, rotator cuff sprain/strain, and adhesive capsulitis of the shoulder. Treatments to date include activity modification, medication therapy, and physical therapy. Currently, he/she complained of persistent stiffness and weakness in the right shoulder. On 3/17/15, the physical examination documented decreased shoulder range of motion and positive impingement sign. The plan of care included Sonata 10mg #30 and Norco 10/325mg #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Sonata 10mg quantity 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, Pain, Insomnia Treatment.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) (1) Mental Illness & Stress, Insomnia (2) Mental Illness & Stress, Insomnia treatment.

Decision rationale: The claimant sustained a work injury in March 2014 and underwent an arthroscopic right rotator cuff repair in November 2014. When seen, he was having ongoing right shoulder stiffness and weakness. He had decreased range of motion with positive impingement testing. Medications being prescribed include Norco. Urine drug screening has been inconsistent with the prescribed medications detecting metabolites not being prescribed. Sonata (zaleplon) is a sedative hypnotic medication used to treat insomnia. The treatment of insomnia should be based on the etiology and pharmacological agents should only be used after careful evaluation of potential causes of sleep disturbance. Primary insomnia is generally addressed pharmacologically. Secondary insomnia may be treated with pharmacological and/or psychological measures. In this case, the nature of the claimant's sleep disorder is not provided. There is no assessment of factors such as sleep onset, maintenance, quality, or next day functioning. Whether the claimant has primary or secondary insomnia has not been determined. Therefore, the continued prescribing of Sonata is not medically necessary.

Norco 10/325mg quantity 60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 91.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 1) Opioids, criteria for use, p76-80 (2) Opioids, dosing, p86 Page(s): 76-80; 86.

Decision rationale: The claimant sustained a work injury in March 2014 and underwent an arthroscopic right rotator cuff repair in November 2014. When seen, he was having ongoing right shoulder stiffness and weakness. He had decreased range of motion with positive impingement testing. Medications being prescribed include Norco. Urine drug screening has been inconsistent with the prescribed medications detecting metabolites not being prescribed. Norco (hydrocodone/acetaminophen) is a short acting combination opioid often used for intermittent or breakthrough pain. In this case, it is being prescribed as part of the claimant's ongoing management. Although there are no identified issues of abuse or addiction and the total MED (morphine equivalent dose) is less than 120 mg per day, there is no documentation that medications are providing decreased pain, increased level of function, or improved quality of life. There may be medication misuse. Therefore, the continued prescribing of Norco was not medically necessary.