

Case Number:	CM14-0142237		
Date Assigned:	09/10/2014	Date of Injury:	09/18/2006
Decision Date:	10/07/2014	UR Denial Date:	08/11/2014
Priority:	Standard	Application Received:	09/03/2014

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 Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine 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:

The patient is a 56-year-old female with a date of injury of 09/18/2006. The listed diagnoses are: 1. Status post left shoulder surgery, 08/06/2013. 2. Status post right shoulder arthroscopic surgery, 08/10/2010. 3. Status post right shoulder surgery, 06/02/2011. 4. Status post right shoulder arthroscopic debridement for labral tear, 11/14/2007. 5. Neck pain. According to progress report 07/30/2014, the patient complains of bilateral shoulder pain and difficulty with sleep due to pain. Examination of the cervical spine revealed tenderness in the paraspinal muscles. Examination of the bilateral shoulders revealed tenderness anteriorly and laterally with flexion and abduction at 160, internal and external rotation at 80, adduction at 40, and extension at 20 degrees. Motor strength is 5-/5 in the shoulders. The treating physician is requesting Flexeril 10 mg #30 and Ambien 10 mg #30 both with 1 refill. Utilization review denied the request on 08/11/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flexeril 10 mg, #30 with 1 refill: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation U.S. FOOD & DRUG ADMINISTRATION (FDA)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril, Amrix, Fexmid, generic available) Page(s): 64.

Decision rationale: This patient presents with bilateral shoulder pain and difficulty with sleep due to pain. Treating physician is requesting Flexeril 10 mg #30 with 1 refill. MTUS Guidelines do not recommend long term use of muscle relaxants. It recommends using it 3 to 4 days of acute spasm and no more then 2 to 3 weeks. In this case, the treating physician has prescribed this medication for long term use. The request for Flexeril 10 mg, #30 with 1 refill is not medically necessary.

Ambien 10 mg, #30 with 1 refill: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disabilities Guidelines, Online Version, Pain Chapter.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) guideline have the following regarding Ambien for insomnia

Decision rationale: This patient presents with bilateral shoulder pain and difficulty with sleep due to pain. The treating physician is requesting Ambien 10 mg #30 with 1 refill due to patient's sleep issues. The MTUS and ACOEM Guidelines do not address Ambien. However, ODG Guidelines states that zolpidem (Ambien) is indicated for short-term treatment of insomnia with difficulty of sleep onset 7 to 10 days. In this case, the treating physician is prescribing 10 mg #30 with 1 refill. ODG Guidelines does not recommend long term use of this medication. The request for Ambien 10 mg, #30 with 1 refill is not medically necessary.