MAXIMUS Federal Services

Case Number:	CM13-0048017		
Date Assigned:	12/27/2013	Date of Injury:	04/25/2011
Decision Date:	04/18/2014	UR Denial Date:	10/11/2013
Priority:	Standard	Application Received:	11/04/2013

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 Internal Medicine, and is licensed to practice in New York. 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 claimant is a 59 yo male who sustained an industiral injury on 04/25/2011. The mechanism of injury was not provided. His diagnoses are cervical disc displacement without myelopathy, brachial neuritis/radiculitis, left rotator cuff syndrome, neck sprian and strain, and thoracic sprain and strain. he is s/p left shoulder arthroscopy. He continues to compalin of left shoulder weakness and neck pain. on exam there is decreased range of cervical motion and pain with range of motion of the left shoulder. Treatment consites of medical therapy including Tramadol. The treating provider has requested Zalepon 30mg # 30 and Orphenadrine Citrate 100mg # 60.

IMR ISSUES, DECISIONS AND RATIONALES

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

ZATEPTON 30 TIMES 10 MG, #30: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation OTHER MEDICAL GUIDELINES OR MEDICAL EVIDENCE: MEDSCPAE INTERNAL MEDICINE 2013: MEDICAL TREATMENT OF INSOMNIA

Decision rationale: Zaleplon (marketed under the brand name Sonata) is a sedative, hypnotic almost entirely used for the management/treatment of insomnia It is a nonbenzodiazepine hypnotic. Zaleplon is effective in the management/treatment of insomnia primarily characterized by difficulty falling asleep. Due to its ultra-short elimination half-life, Zaleplon may not be effective in premature awakenings. There is no documentation of current complaints of sleep disturbances directly related to the industrial injuries which occurred on 04/25/2011. Medical necessity for the requested treatment has not been established. The requested treatment is not medically necessary.

ORPHENADRINE CITRATE 100 MG, #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 41.

Decision rationale: Orphenadrine (Norflex, Mephenamin, Disipal, Banflex, Flexon, Biorphen, Brocasipal, Dolan, Norgesic, OrfenAce and others) is an anticholinergic drug of the ethanolamine antihistamine class with prominent CNS and peripheral actions used to treat painful muscle spasms, other similar conditions, as well as the treatment of some aspects of Parkinson's disease. Per Ca MTUS Guidelines muscle relaxants are not considered any more effective than nonsteroidal anti-inflammatory medications alone. There is no documentaiton of palpable muscle spasms on exam. Based on the currently available information, the medical necessity for this muscle relaxant medication has not been established. The requested treatment is not medically necessary.