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| Case Number: | CM13-0063641 | | |
| Date Assigned: | 12/30/2013 | Date of Injury: | 07/07/2001 |
| Decision Date: | 04/11/2014 | UR Denial Date: | 12/02/2013 |
| Priority: | Standard | Application Received: | 12/10/2013 |

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 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 49 year old female with date of injury 7/7/01. The treating physician report dated 6/18/13 indicates that the patient has pain affecting right shoulder. The current diagnoses are: 1. Cervical disk displacement 2. Lumbar disk displacement 3. Rotator cuff syndrome 4. Severe glenoid labrum derangement

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective Meds x 2: Sentrazolpidem PT-5 DOS 10/28/2013: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Zolpidem

Decision rationale: The patient presents with chronic right shoulder pain. The treating physician reports submitted were dated 11/8/12 (illegible), 4/4/13 (illegible) and 6/18/13. The 6/18/13 report states the patient has essentially the same physical examination findings as her previous examination. X-ray report does not confirm prior AME indication of distal clavicle resection. Request is made for distal clavicle resection. There is no mention of medications

being used or prescribed. There is no indication of any functional improvements following medication usage. The MTUS guidelines are silent regarding Sentrazolpidem, which is a combination of Zolpidem and choline. The ODG guidelines recommend Zolpidem for short term (2-6 weeks) treatment of insomnia. ODG guidelines also do not recommend Choline for medical food "except for the case of long-term parenteral nutrition or for individuals with choline deficiency secondary to liver deficiency." There is no indication that this patient meets these criteria. Recommendation is for denial.

Retrospective Meds x 2: Therabenzaprine-60 DOS 10/28/2013: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 63-66.

Decision rationale: The patient presents with chronic right shoulder pain. The treating physician report dated 6/18/13 indicates that the patient requires right distal clavicle resection. There is no documentation regarding medication usage or prescription of medications for review. The current request is for Therabenzaprine, which is a combination of cyclobenzaprine and GABA. The MTUS guidelines indicate that Cyclobenzaprine is recommended for a short course of therapy to reduce muscle spasms, but is limited, mixed-evidence does not allow for a recommendation for chronic use. ODG guidelines do not support GABA except for as a supplement for epilepsy, spasticity and tardive dyskinesia. It is not supported for insomnia. Given the lack of the guidelines support, recommendation is for denial.