

<b>Case Number:</b>	CM14-0017018		
<b>Date Assigned:</b>	03/07/2014	<b>Date of Injury:</b>	02/19/2004
<b>Decision Date:</b>	06/30/2014	<b>UR Denial Date:</b>	01/23/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/10/2014

### 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 & Rehabilitation and Pain Management 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 60 year old male with an injury date of 02/19/04. Based on the 01/13/14 progress report provided by [REDACTED], the patient has right shoulder pain radiating into the right periscapular. "There is tenderness upon palpation of the right cervical paraspinal muscles, right shoulder, and right ribs. Cervical, thoracic, shoulder, and rib ranges of motion were restricted by pain in all directions. Right shoulder impingement signs, including Neers' and Hawkin's, were positive. Cervical, thoracic, shoulder, and ribs provocative maneuvers were positive." The patient's diagnoses include the following: 1. Type 1 configuration of the acromium 2. 1-2 mm spur along the undersurface of the clavicle at the acromioclavicular joint 3. Mild narrowing of the space for the rotator cuff 4. Mild thickening of the distal supraspinatus tendon compatible with mild tendinopathy related change 5. Small fluid collection within the tendon sheath compatible with tenosynovitis 6. Right shoulder pain 7. Right shoulder bursitis with impingement 8. Right rib fractures and chronic right rib cage pain 9. Thoracic back pain 10. Diabetes mellitus 11. Hypertension There were no electrodiagnostic or imaging studies provided. [REDACTED] is requesting for Cyclobenzaprine 10 mg #90 and Zolpidem 10 mg #30. The utilization review determination being challenged is dated 01/23/14 and recommends denial of both Cyclobenzaprine and Zolpidem. [REDACTED] is the requesting provider, and he recommended treatment reports from 01/14/13- 02/07/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**CYCLOBENZAPRINE 10MG #90: Upheld**

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, MUSCLE RELAXANTS, 63-66

**Decision rationale:** According to the 01/13/14 progress report by [REDACTED], the patient presents with right shoulder pain radiating into the right periscapular. The request is for Cyclobenzaprine 10 mg #90 for palpable muscle spasms. The patient has been taking Cyclobenzaprine since 02/01/13. None of the progress reports provided indicates how cyclobenzaprine gave functional improvement and pain relief. According to the MTUS guidelines, Cyclobenzaprine are "not recommended to be used for longer than 2-3 weeks." Based on the review of the reports, the patient appears to be prescribed this medication on a long-term basis. There is also no evidence or documentation that it has done anything for the patient's pain or spasms. Therefore, the request for Cyclobenzaprine 10mg #90 is not medically necessary and appropriate.

**ZOLPIDEM 10MG # 30: Upheld**

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

**MAXIMUS guideline:** The Expert Reviewer did not cite any medical evidence for its decision.

**Decision rationale:** According to the 01/13/14 progress report by [REDACTED], the patient presents with right shoulder pain radiating into the right periscapular. The request is for Zolpidem 10 mg #30. The patient began taking Zolpidem on 05/03/13. 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. ODG Guidelines does not recommend long-term use of this medication, and it appears that the patient has been taking Zolpidem for a few months. Therefore, the request for Zolpidem 10mg # 30 is not medically necessary and appropriate.