

<b>Case Number:</b>	CM14-0112246		
<b>Date Assigned:</b>	08/01/2014	<b>Date of Injury:</b>	09/20/2010
<b>Decision Date:</b>	10/21/2014	<b>UR Denial Date:</b>	06/19/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/18/2014

### 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, has a subspecialty in Pain Medicine and is licensed to practice in Texas and Oklahoma. 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 injured worker is a 35-year-old male who reported an injury on 09/20/2010. The mechanism of injury was not provided. The injured worker had an arthroscopic acromioplasty, Mumford, superior labrum anterior and posterior repair and debridement. Prior therapies included physical therapy and medications. Diagnostic studies were not provided for review. The documentation of 05/28/2014 revealed the injured worker's pain was a 6/10. It was indicated since the surgery the injured worker's pain could reach a 9/10 to 10/10 and, with medications, the pain was brought down to a 4/10. The injured worker was wearing a sling. There were no aberrant drug behaviors. The medications were noted to take effect within 30 minutes and last 3+ hours. The current medications included Norco 10/325 mg, 1 tablet 3 times a day as needed; Ambien 10 mg, at bedtime; Robaxin 750 mg, twice a day; Cymbalta 30 mg, daily; and Biofreeze topical roll on gel. The objective findings revealed the portal scars of the right shoulder appeared healed. The treatment plan included Norco, Robaxin, and Ambien refills. The injured worker was noted to be utilizing the medications since at least 2011. There was no Request for Authorization submitted to support the request

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retro Ambien 10mg QHS #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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Pain Chapter, Ambien/Zolpidem.

**Decision rationale:** The Official Disability Guidelines indicate that Ambien is recommended for the short term treatment of insomnia for up to 6 weeks. The clinical documentation submitted for review indicated the injured worker had utilized the medication since at least 2011. There was a lack of documentation of objective functional improvement and documentation of exceptional factors to warrant nonadherence to guideline recommendations. Given the above, the request for Retro Ambien 10mg QHS #30 is not medically necessary.

**Retro Robaxin 750mg BID #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antispasmodics Page(s): 65.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63.

**Decision rationale:** The California MTUS Guidelines recommend muscle relaxants as a second line option for the short term treatment of pain. Their use is recommended for less than 3 weeks. There should be documentation of objective functional improvement. The clinical documentation submitted for review indicated the injured worker had utilized the medication for an extended duration of time. There was a lack of documented efficacy and a lack of documentation indicating exceptional factors to warrant nonadherence to guideline recommendations. Given the above, the request for Retro Robaxin 750mg BID #60 is not medically necessary.