

Case Number:	CM14-0172259		
Date Assigned:	10/23/2014	Date of Injury:	01/22/2011
Decision Date:	11/21/2014	UR Denial Date:	10/10/2014
Priority:	Standard	Application Received:	10/17/2014

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 American Board Family Practice 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:

54 year old male claimant sustained a work injury on 9/19/14 involving the left shoulder. He was diagnosed with cervical disc displacement, a rotator cuff injury and shoulder strain. A progress note on 9/10/14 indicated the claimant had 5/10 shoulder pain. A cortisone injection was given previously. Exam findings were notable for limited range of motion of the neck, spasms of the trapezius and decreased sensation of the dorsal aspect of the right hand. The claimant was given Norco and Duexis refills for pain. He had been on Duexis for several months. On 9/19/14, the claimant was given Ambien 10 mg daily #30 for sleep.

IMR ISSUES, DECISIONS AND RATIONALES

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

Zolpidem 10mg #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 (ODG), Treatment Index, Current Edition (web)

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

Decision rationale: The MTUS guidelines do not comment on insomnia. According to the ODG guidelines, insomnia medications recommend that treatment be based on the etiology, with the medications. Pharmacological agents should only be used after careful evaluation of potential causes of sleep disturbance. Failure to resolve sleep disturbance in a 7 to 10 day period may indicate a psychiatric and/or medical illness. Primary insomnia is generally addressed pharmacologically. Secondary insomnia may be treated with pharmacological and/or psychological measures. In this case, the indication for Ambien was not specified. The sleep disorder was not provided. The claimant was given a 30 day supply of Ambien. The Ambien is not medically necessary as prescribed above.

Duexis 800mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 67.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 67.

Decision rationale: Duexis contains an NSAID and a proton pump inhibitor. According to the MTUS guidelines, a proton pump inhibitor may be used with NSAIDs for those with high risk of GI events such as bleeding, perforation, and concurrent anticoagulation/anti-platelet use. In this case, there is no documentation of GI events or antiplatelet use that would place the claimant at risk. Therefore, the continued use of Duexis is not medically necessary.