

Case Number:	CM14-0069109		
Date Assigned:	07/14/2014	Date of Injury:	12/12/2009
Decision Date:	09/17/2014	UR Denial Date:	05/01/2014
Priority:	Standard	Application Received:	05/14/2014

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 and Rehabilitation and is licensed to practice in Nevada. 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 37-year-old who was reportedly injured on December 12, 2009. The mechanism of injury was not listed in these records reviewed. The most recent progress note dated April 28, 2014, indicated that there were ongoing complaints of shoulder pain. An magnetic resonance image had been completed. Some improvement was noted and the injured employee was completing some home exercise. The physical examination demonstrated the motor and sensory aspect to be intact. Deep tendon reflexes were slightly reduced, and no other findings were reported. Diagnostic imaging studies objectified degenerative hypertrophic changes in the shoulder. Previous treatment included physical therapy and medications. A request was made for multiple medications and was not certified in the pre-authorization process on April 30, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Xanax 0.5mg twenty count: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 24.

Decision rationale: This medication is a benzodiazepine, which is not recommended for long-term or chronic use, as there is a significant side effect risk profile. The issue of dependence must be addressed. Furthermore, when noting the findings on physical examination, there is no indication of any significant efficacy associated with this medication. Therefore, the request for Xanax 0.5mg twenty count is not medically necessary or appropriate.

Intermezzo 3.5 mg six count: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines - TWC; Work Loss Data Institute.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): Pain chapter updated July 2014.

Decision rationale: This medication is a short acting non-benzodiazepine hypnotic which is approved for short-term use of no more than six weeks. This is indicated to treat insomnia. While noting the sleep hygiene is a crucial part of the protocol to address chronic pain, the sleep hygiene aspect is not addressed in the progress notes, and the indefinite use of this medication is not supported. Therefore, the request for Intermezzo 3.5 mg, six count, is not medically necessary or appropriate.