MAXIMUS Federal Services

Case Number:	CM14-0192669		
Date Assigned:	11/26/2014	Date of Injury:	03/05/2014
Decision Date:	01/13/2015	UR Denial Date:	11/11/2014
Priority:	Standard	Application Received:	11/18/2014

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 Internal Medicine 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 an injured worker with a history of right shoulder injury. Date of injury was 03-05-2014. The office visit dated 11/10/2014 documented that the patient had right shoulder arthroscopy on 11/4/14. The patient has a history of rotator cuff tear. The office visit report dated 10/28/2014 documented subjective complaints of right shoulder pain, stiffness, and weakness. Regarding the mechanism of injury, the patient was handling a large heavy object and slipped jamming his right elbow on the truck and then falling on the pavement. He had physical therapy which improved his hip, ankle, and wrist conditions, but he continued to have progressive right shoulder pain and stiffness and weakness. MRI magnetic resonance imaging dated 5/15/14 demonstrated full-thickness rotator cuff tear of the supraspinatus tendon. He has pain with any motion with right upper extremity. He has right shoulder pain with attempted overhead activities and right shoulder pain that awakens him frequently at night when he rolls on his right shoulder. He also has pain with activities of daily living such as dressing himself and combing his hair. Past orthopedic history negative for any trauma condition injury or dislocation of the right shoulder prior to the specific slip and fail injury. Physical examination was documented. Pupils are equal, round, reactive to light and accommodation. Extra ocular muscles are intact. Lungs were clear to auscultation bilaterally. Left shoulder is within normal limits. Right shoulder demonstrates 60% active 70% percent passive range of motion with a 30-35 internal rotation contracture. He has a painful arc of motion abduction greater than forward flexion. Positive impingement. Distal neurovascular exam is intact. Diagnosis was right shoulder rotator cuff tear, impingement, capsulitis, and labral tear. Zaleplon was prescribed on 10/28/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Zaleplon 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, Pain, Insomnia Treatment

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Medical Treatment Utilization Schedule (MTUS) does not address Zaleplon. Zaleplon http://www.drugs.com/pro/zaleplon.html

Decision rationale: Medical Treatment Utilization Schedule (MTUS) does not address Zaleplon. FDA guidelines document that Zaleplon is indicated for the short-term treatment of insomnia. The office visit report dated 10/28/2014 did not document insomnia. No sleep complaints or disorders were documented. Therefore, the use of Zaleplon is not supported. Therefore, the request for Zaleplon 10mg #30 is not medically necessary.