

Case Number:	CM15-0008447		
Date Assigned:	01/23/2015	Date of Injury:	01/09/2011
Decision Date:	03/24/2015	UR Denial Date:	01/09/2015
Priority:	Standard	Application Received:	01/14/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 58-year-old female who reported an injury on 01/09/2011. She had been diagnosed with bilateral shoulder pain as well as rotator cuff tears, left sided lateral epicondylitis, bilateral chronic trapezial strain, chronic cervical strain, and depression. A previous request was made for 30 tablets of Ambien 10 mg as well as clonazepam 1 mg, a total of 30 tablets. The clonazepam request had been modified for 6 tablets with the Ambien non-certified. Prior medication use included levothyroxine, atorvastatin, famotidine, as well as the clonazepam and Ambien, ibuprofen and tramadol. The clonazepam had been modified based on the guidelines not supporting long term use of benzodiazepines, as well as not supporting long term use of Ambien. Her current exam identified reduced range of motion of the bilateral shoulders with a diagnosis of bilateral shoulder pain, rotator cuff tears, left sided lateral epicondylitis, bilateral chronic trapezial strain, chronic cervical strain, and depression secondary to her industrial injury.

IMR ISSUES, DECISIONS AND RATIONALES

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

30 TABLETS OF CLONAZEPAM 1 MG: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

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

Decision rationale: According to the California MTUS Guidelines, long term use of benzodiazepines is not recommended. With the injured worker having been utilizing clonazepam for several months, ongoing use cannot be supported without sufficient information pertaining to significant reduction in symptoms as well as overall improvement in quality of life and functional mobility; however, at this time without support via the California guidelines, ongoing use of clonazepam cannot be supported and is not medically necessary.

30 TABLETS OF AMBIEN 10 MG: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Treatment in Workers Compensation, Online Edition Chapter: Pain (Chronic)

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, Zolpidem (Ambien)

Decision rationale: According to the Official Disability Guidelines, long term use of Ambien is not recommended. The injured worker had been utilizing this medication for several months without any documentation of significant improvement with the ability to sleep while utilizing this medication. Therefore, continuation of its use cannot be supported and is not medically necessary.