

Case Number:	CM15-0180838		
Date Assigned:	09/22/2015	Date of Injury:	09/20/2010
Decision Date:	11/03/2015	UR Denial Date:	09/03/2015
Priority:	Standard	Application Received:	09/14/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a 36 year old male with a date of injury on 9-20-2010. A review of the medical records indicates that the injured worker is undergoing treatment for right shoulder pain and anxiety disorder. Medical records (5-26-2015 to 8-19-2105) indicate ongoing right shoulder pain. He was noted to have some difficulty with sleep. He reported that his medications brought his pain down from 7 to 8 out of 10 to 2 to 3 out of 10. He reported being able to do light household tasks for 5 to 10 minutes at a time. Per the treating physician (8-19-2015), the injured worker has not returned to work. The physical exam (8-19-2015) revealed well-healed scars on the right shoulder with tenderness to palpation over several of the anterior shoulder scars. Treatment has included right shoulder surgery, cortisone injection, physical therapy and medications (Robaxin and Restoril since at least 3-2-2015). Current medications (8-19-2015) included Norco, Restoril, Robaxin and Biofreeze. The original Utilization Review (UR) (9-3-2015) denied requests for Restoril and Robaxin.

IMR ISSUES, DECISIONS AND RATIONALES

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

Restoril 30mg every night at bedtime quantity 30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Benzodiazepines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) (1) Mental Illness & Stress, Insomnia (2) Mental Illness & Stress, Insomnia treatment.

Decision rationale: The claimant sustained a work injury in September 2010 and continues to be treated for right shoulder pain and anxiety. He has a history of prior shoulder surgeries. When seen, there was a pending repeat MRI scan. Medications were Norco, Robaxin, Biofreeze, and Restoril. He had not tried neuropathic medications. Physical examination findings included pins and needles sensation with radiating pain to the neck and jaw when pushing on several of the surgical scars. Gabapentin was prescribed for neuropathic pain. Robaxin and Restoril were continued. Restoril (temazepam) is a benzodiazepine used to treat insomnia symptoms. Chronic benzodiazepines are the treatment of choice in very few conditions. Tolerance to muscle relaxant effects occurs within weeks and long-term use may increase anxiety, which may be occurring in this case. Additionally, the treatment of insomnia should be based on the etiology and pharmacological agents should only be used after careful evaluation of potential causes of sleep disturbance. Primary insomnia is generally addressed pharmacologically. Secondary insomnia may be treated with pharmacological and/or psychological measures. In this case, the nature of the claimant's sleep disorder is not provided. Whether the claimant has primary or secondary insomnia has not been determined. Conditions such as medication or stimulant side effects, depression, anxiety, restless legs syndrome, obstructive sleep apnea, pain and cardiac and pulmonary conditions, if present, should be identified and could be treated directly. In this case, the claimant was having pressure sensitive neuropathic shoulder pain, which was likely interfering with sleep. Prescribing gabapentin was the appropriate management. Continued prescribing of Restoril is not medically necessary.

Robaxin 750mg twice a day quantity 60 with two refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Muscle relaxants (for pain).

Decision rationale: The claimant sustained a work injury in September 2010 and continues to be treated for right shoulder pain and anxiety. He has a history of prior shoulder surgeries. When seen, there was a pending repeat MRI scan. Medications were Norco, Robaxin, Biofreeze, and Restoril. He had not tried neuropathic medications. Physical examination findings included pins and needles sensation with radiating pain to the neck and jaw when pushing on several of the surgical scars. Gabapentin was prescribed for neuropathic pain. Robaxin and Restoril were continued. Non-sedating muscle relaxants are recommended with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic low back pain. Drugs with the most limited published evidence in terms of clinical effectiveness include Robaxin (methocarbamol). In this case, there is no identified new injury or exacerbation and muscle relaxants have been prescribed on a long-term basis. There are no recorded complaints or physical examination findings of ongoing muscle spasms. Prescribing Robaxin is not medically necessary.