

Case Number:	CM15-0185885		
Date Assigned:	09/28/2015	Date of Injury:	06/20/2003
Decision Date:	11/06/2015	UR Denial Date:	09/02/2015
Priority:	Standard	Application Received:	09/21/2015

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: Preventive Medicine, Occupational Medicine

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 57 year old male who sustained an industrial injury on 6-20-03. Diagnoses are noted as status post left shoulder rotator cuff repair and status post left shoulder subacromial decompression, distal clavicle resection, biceps tenolysis, and extensive synovitis on 5-24-12. Previous treatment includes surgery, home exercise, urine drug screening and medication. In a progress report, review of medical records, and appeal of modification of treatment dated 8-24-15, the primary treating physician notes complaint of continued left shoulder pain with popping and tightness, which radiates up into his neck. Pain is aggravated by lifting the left arm above his head. Objective exam reveals JAMAR grip on the right was 55, 56, 54 and on the left was 50, 54, 53. There is tenderness of the left shoulder over the distal clavicle and anterior acromion. Range of motion of the left shoulder in degrees is flexion 170, extension 30, abduction 170, adduction 30, internal rotation 50, and external rotation 80. Pain is rated at 4 out of 10 with medication and 8 out of 10 without medication. Current medication is Norco 1 tablet 3 to 4 times a day for pain, Celebrex 1 tablet a day for pain and inflammation, Ambien half tablet at night for sleep and Valium 1 tablet every 2 days for anxiety. It is reported that he is noting functional improvement with activities of daily living, ability to grip, lift, reach and work and improvement with pain with the current medication regimen. He is working. It is noted the urine drug screen on 7-24-15 was consistent for the prescribed medications and that he does not use the Diazepam on a daily basis as he uses it as needed for severe muscle spasms at night when he is unable to sleep. It is noted that the injured worker has agreed to reduce his use to no more than #15 per month. Ambien was decreased 10% from last month. An opioid treatment agreement is reported as reviewed. A request for authorization is dated 8-24-15. On 9-2-15, the requested treatment of Ambien 10mg #24 was modified to Ambien 10mg #10 and Diazepam 5mg #15 was modified to Diazepam 5 mg #10.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ambien 10mg #24: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines; Insomnia.

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/Insomnia Section.

Decision rationale: The MTUS Guidelines do not address the use of zolpidem. Per the Official Disability Guidelines, pharmacological agents should only be used for insomnia management after careful evaluation of potential causes of sleep disturbance. Failure of sleep disturbance to resolve in a 7 to 10 day period may indicate a psychiatric and/or medical illness. Primary insomnia is generally addressed pharmacologically whereas secondary insomnia may be treated with pharmacological and/or psychological measures. Zolpidem reduces sleep latency and is indicated for the short-term treatment (7-10 days) of insomnia with difficulty of sleep onset and/or sleep maintenance. Adults who use zolpidem have a greater than 3-fold increased risk for early death. Due to adverse effects, FDA now requires lower doses for zolpidem. The dose for women should be reduced from 10 mg to 5 mg for immediate release products and from 12.5 mg to 6.25 mg for extended release products. The medical records do not address the timeline of the insomnia or evaluation for the causes of the insomnia. The medical records do not indicate that non-pharmacological modalities such as cognitive behavioral therapy or addressing sleep hygiene practices prior to utilizing a pharmacological sleep aid. The request for Ambien 10mg #24 is determined to not be medically necessary.

Diazepam 5MG #15: 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, Weaning of Medications.

Decision rationale: The MTUS Guidelines do not recommend the use of benzodiazepines for long-term use because long-term efficacy is unproven and there is a risk of dependence, and long-term use may actually increase anxiety. The injured worker has already been on this medication for over four weeks, and tapering is recommended when used for greater than two weeks. This request is for continued use, and not for tapering or weaning off the medication. The request for Diazepam 5MG #15 is determined to not be medically necessary.

