

<b>Case Number:</b>	CM15-0198374		
<b>Date Assigned:</b>	10/13/2015	<b>Date of Injury:</b>	12/01/2010
<b>Decision Date:</b>	12/01/2015	<b>UR Denial Date:</b>	09/08/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/08/2015

### 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, Hawaii  
 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 61 year old female, who sustained an industrial injury on 12-01-2010. The injured worker was diagnosed as having sprain of neck, sprains and strains of unspecified site of shoulder and upper arm, and rotator cuff syndrome of shoulder and allied disorders. Treatment to date has included diagnostics, right shoulder surgery 8-2014, left shoulder surgery 4-22-2015, physical therapy with at least 12 physical therapy sessions authorized for the left shoulder per Utilization Review report 3-10-2015, and medications. Multiple progress reports were handwritten and difficult to decipher, including the report dated 7-21-2015. On 7-21-2015, the injured worker complains of symptoms in the right shoulder, cervical spine, left shoulder, headache, and sleep loss. Pain was not rated. Exam of the left shoulder noted flexion 90 (86 on 6-03-2015), extension 20 (15 on 6-03-2015), abduction 90 (80 on 6-03-2015), adduction 25 (20 on 6-03-2015), internal rotation 45 (40 on 6-03-2015) and external rotation 55 (50 on 6-03-2015). A review of symptoms was positive for difficulty sleeping, unspecified. Her work status was total temporary disability. Medications included Norco, Fexmid (prescribed since at least 10-2014), and Ambien (prescribed since at least 7-2014). The rationale for refill of Fexmid was treatment of spasm to resume activity and function and Ambien was failed behavioral techniques for improved sleep and has sleep difficulty. 12 post-operative physical therapy sessions were completed on 7-14-2015. Per the Request for Authorization dated 7-21-2015, the treatment plan included Fexmid 7.5mg #60, Ambien 10mg #30, and additional post-operative physical therapy (2x4), non-certified by Utilization Review on 9-08-2015.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Fexmid 7.5mg; one PO BID #60:** Upheld

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

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

**Decision rationale:** The patient presents with pain affecting the cervical spine, head, and bilateral shoulders. The current request is for Fexmid 7.5mg; one PO BID #60. The treating physician report dated 4/8/14 (108B) notes that the patient was prescribed Fexmid for spasms. MTUS guidelines for muscle relaxants state the following: "Recommended for a short course of therapy. Limited, mixed-evidence does not allow for a recommendation for chronic use." MTUS guidelines for muscle relaxants for pain page 63 state the following: "Recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP." MTUS does not recommend more than 2-3 weeks for use of this medication. The medical reports provided indicate that the patient was prescribed this medication on 4/8/14 (108B). In this case, the use of the medication is outside the 2-3 weeks recommended by MTUS. The current request is not medically necessary.

**Ambien 10mg; one PO QHS #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 (ODG), Mental Illness and Stress - Zolpidem (Ambien).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG online, Pain, Zolpidem.

**Decision rationale:** The patient presents with pain affecting the cervical spine, head, and bilateral shoulders. The current request is for Ambien 10mg; one PO QHS #30. The treating physician report dated 7/21/15 (118B) notes that the patient was prescribed Ambien for difficulty sleeping. The MTUS and ACOEM Guidelines do not address Ambien; however, the ODG Guidelines states that zolpidem (Ambien) is indicated for short-term treatment of insomnia with difficulty of sleep onset 7 to 10 days. In this case, the use of this medication is outside the 7-10 days recommended by the ODG as the medical records provided indicate the patient has been prescribed Ambien since at least 7/21/15 (118B). A short course of 7 to 10 days may be indicated for insomnia, however, the treating physician is requesting 10mg #30. The ODG Guidelines do not recommend long-term use of this medication. The current request is not medically necessary.

**Additional post op physical therapy; two per week for four weeks (2x4):** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine.

**MAXIMUS guideline:** Decision based on MTUS Postsurgical Treatment 2009, Section(s): Shoulder.

**Decision rationale:** The patient presents with pain affecting the cervical spine, head, and bilateral shoulders. The current request is for Additional post op physical therapy; two per week for four weeks (2x4). The treating physician report dated 7/21/15 (117B) notes that the patient is status post left shoulder arthroscopy on 4/22/15 (115B). MTUS-PSTG supports postoperative physical medicine (physical therapy and occupational therapy) 24 sessions for arthroscopy of the shoulder. The MTUS guidelines only provide a total of 24 sessions and the patient is expected to then continue with a home exercise program. The medical reports provided show the patient has received at least 12 sessions of physical therapy for the left shoulder previously. In this case, the patient has received 12 sessions of physical therapy to date and the current request of an additional 8 visits is within the recommendation of 24 visits as outlined by the MTUS-PST guidelines. The current request is medically necessary.