

Case Number:	CM15-0043333		
Date Assigned:	03/13/2015	Date of Injury:	08/20/2012
Decision Date:	04/24/2015	UR Denial Date:	02/11/2015
Priority:	Standard	Application Received:	03/09/2015

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 35 year old male, who sustained an industrial injury on August 20, 2012. He reported injury of the left hand, elbow, wrist and shoulder. The injured worker was diagnosed as having fractured digit of the left hand, crushing injury to the left scapula, and crush injury to the left wrist causing styloid fracture of the distal radius. Treatment to date has included hospitalization, medications, sling, cast, physical therapy, and fracture repair. On February 26, 2015, his physical findings are unchanged from a previous examination. He reports being back to work with restrictions of no lifting more than 20 pounds, and no over the shoulder lifting. He continues with physical therapy, and reports not being happy with his medications of Cyclobenzaprine and occasional ibuprofen. The IMR request is for Zolpidem 10mg #30 and Cyclobenzaprine 10mg #90.

IMR ISSUES, DECISIONS AND RATIONALES

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

Zolpidem 10mg #30: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official disability guidelines Pain Chapter, Insomnia Treatment, Non-Benzodiazepine sedative-hypnotics (Benzodiazepine-receptor agonists).

Decision rationale: According to the 01/26/2015 report, patient "chief complaints today are left shoulder impingement, status post repair of open reduction and internal fixation of left scapula, left elbow decreased range of motion due to severe pain in left shoulder, when he tries to rotate the shoulder, it hurts him severely. He also has hammer mallet finger of the left fifth digit." The current request is for Zolpidem 10mg #30. The request for authorization is on 02/04/2015. The patient's work status is "modified but no lifting than 20 pounds, no repetitive overhead reaching." The MTUS and ACOEM Guidelines do not address Ambien; however, ODG Guidelines states that zolpidem (Ambien) is indicated for short-term treatment of insomnia with difficulty of sleep onset 7 to 10 days. A short course of 7 to 10 days may be indicated for insomnia; however, the treating physician is requesting Zolpidem #30. The medical records provided for review indicate the patient has been prescribed this medication since 06/30/2014. The treating physician does not document that the patient has a sleeping issue, nor the reason why this medication has been prescribed. Furthermore, the treater does not mention that this is for short-term use. The ODG Guidelines do not recommend long-term use of this medication. Therefore, the current request IS NOT medically necessary.

Cyclobenzaprine 10mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants Page(s): 63-66.

Decision rationale: According to the 01/26/2015 report, this patient presents with left shoulder pain with decrease range of motion of the left elbow and hammer mallet finger of the left fifth digit. The current request is for Cyclobenzaprine 10mg #90. For muscle relaxants for pain, the MTUS Guidelines page 63 state "Recommended non-sedating muscle relaxants with caution as a second line option for short term treatment of acute exacerbation in patients with chronic LBP. Muscle relaxants may be effective in reducing pain and muscle tension and increasing mobility; however, in most LBP cases, they showed no benefit beyond NSAIDs and pain and overall improvement." A short course of muscle relaxant may be warranted for patient's reduction of pain and muscle spasms. Review of the available records indicates that this patient has been prescribed this medication longer then the recommended 2-3 weeks. The treating physician is requesting Cyclobenzaprine #90 and this medication was first noted in the 03/12/2014 report. Cyclobenzaprine is not recommended for long-term use. The treater does not mention that this is for a short-term use to address a flare-up or an exacerbation. Therefore, the current request IS NOT medically necessary.