

Case Number:	CM14-0216464		
Date Assigned:	01/06/2015	Date of Injury:	03/31/2008
Decision Date:	03/10/2015	UR Denial Date:	12/10/2014
Priority:	Standard	Application Received:	12/26/2014

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: Pennsylvania, Ohio, 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:

This 55 year old woman sustained an industrial injury on 3/31/2008. The mechanism of injury is not detailed. Injuries included the need for left rotator cuff repair, partial acromionectomy, release of coracoacromial ligament, Mumford, and resection of the distal clavicle on May 9, 2014. Treatment has included oral medications, surgical intervention, and physical therapy. Physicain notes dated 9/18/2014 state that the worker is having continued long term complaints of her right hand bothering her. These include intermittent numbness for which she must stand and shake it to resume sensation. This has continued while she is sleoning and has woke her in the middle of the night. It is said that this has been happening for about six and a half years. It is recommended at this point to refer her for a carpal tunnel release and pain management consultation, as the worker has stated interest in reducing her medication intake. Current medications were renewed and a request for authorization was submitted for carpal tunnel release and pain management consultation. On 12/10/2014, Utilization Review evaluated prescriptions for Ambien and Soma. The UR physician noted that Soma has been prescribed for the worker since 2009 and Ambien has been prescribed long term as well, although no start date was clearly defined. Further, there was no documentation to support functional improvement with the use of the medications. Therefore, the requests were modified and subsequently appealed to Independent Medical Review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ambien (prescribed 11/20/14): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Pain Zolpidem (Ambien), Mental Illness & Stress Sedative hypnotics

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Pain/Insomnia Treatment

Decision rationale: Ambien is indicated for short-term use up to 10 days. Moreover pharmacological treatment of insomnia is recommended only after careful evaluation of potential causes of a sleep disturbance. Ambien has been used in a chronic setting in this case without clear documentation of a rationale for an exception to the guidelines. This request is not medically necessary.

Soma (prescribed 11/20/14): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants for pain.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Carisoprodol (Soma) Page(s): 29.

Decision rationale: Soma is not recommended or indicated for long-term use. Guidelines do not support benefit from this medication for ongoing use. Additionally, there is a risk of abuse for sedative or relaxant effects. The records do not provide an alternative rationale to support this request. The request is not medically necessary.