

Case Number:	CM15-0014277		
Date Assigned:	02/02/2015	Date of Injury:	10/19/2013
Decision Date:	03/30/2015	UR Denial Date:	01/21/2015
Priority:	Standard	Application Received:	01/26/2015

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, Arizona

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 69-year-old male who reported an injury on 10/19/2013. The current diagnoses include status post left shoulder arthroscopy and correction on 08/26/2014, adhesive capsulitis of the shoulder, and other affections of the shoulder region. The injured worker reportedly suffered a crush injury to the left upper extremity when his glove became caught in a mixer. Previous conservative treatment includes physical therapy and medication management. The injured worker was utilizing naproxen sodium 550 mg, Norco 10/325 mg, and Sonata 10 mg. Upon examination, there was 170 degree active abduction with a painful arc of motion, 170 degree active forward flexion, internal rotation contracture of 15 to 20 degrees, 5/5 rotator cuff strength, 4+/5 weakness of the supraspinatus with mild pain on isolation and loading, and marked pain to palpation over the proximal bicipital groove with positive Yergason's and Speed's tests. Recommendations included an MRI of the left shoulder, continuation of formal physical therapy, continuation of the home exercise program, and continuation of the current medication regimen. There was no Request for Authorization form submitted for this review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Zaleplon 10mg, quantity: 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, Pain

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chronic Pain Chapter, Insomnia Treatment.

Decision rationale: The Official Disability Guidelines state insomnia treatment is recommended based on etiology. Sonata reduces sleep latency. According to the documentation provided, the injured worker does not maintain a diagnosis of insomnia disorder. There is no documentation of a failure of nonpharmacologic treatment as recommended by the Official Disability Guidelines. There is also no frequency listed in the request. Given the above, the request is not medically appropriate.