

Case Number:	CM15-0129817		
Date Assigned:	07/16/2015	Date of Injury:	07/31/2007
Decision Date:	08/19/2015	UR Denial Date:	06/24/2015
Priority:	Standard	Application Received:	07/06/2015

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: New York
 Certification(s)/Specialty: Anesthesiology

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 60 year old, female who sustained a work related injury on 7/31/07. The diagnoses have included a history of left rotator cuff repair, unspecified derangement upper arm joint, chronic pain syndrome and cervicgia. Treatments have included moist heat treatment, medications and home exercises. In the PR-2 dated 6/9/15, the injured worker complains of chronic, severe pain in her left shoulder. She rates the pain level a 6/10. She rates the pain a 2/10 with medications and a 10/10 without medications. The medications allow her to increase mobility and tolerate her activities of daily living and with home exercises. She has tenderness over the left shoulder acromioclavicular joint. There are signs of impingement. She is noted to have subacromial bursitis and limited range of motion in left shoulder. She is not working. The treatment plan includes refills of medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ambien 5mg #15 #90 with 3 refills, prescribed on 06/09/15: 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), Pain, Zolpidem (Ambien).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Sedative Hypnotics.

Decision rationale: Zolpidem (Ambien) is a prescription short-acting non-benzodiazepine hypnotic, which is indicated for the short-term treatment of insomnia with difficulty of sleep onset (7-10 days). Proper sleep hygiene is critical to the individual with chronic pain and often is hard to obtain. Ambien can be habit-forming, and may impair function and memory more than opioid analgesics. There is also concern that Ambien may increase pain and depression over the long-term. The treatment of insomnia should be based on the etiology, and pharmacological agents should only be used after careful evaluation of potential causes of sleep disturbance. In this case, there is lack of documentation supporting objective functional improvement (improved Epworth sleep scale) to support the patient's subjective benefit. There is no documentation provided indicating medical necessity for Ambien. The requested medication is not medically necessary.

Carisoprodol 350mg #45 with 3 refills, prescribed on 06/09/15: 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 Page(s): 29.

Decision rationale: Per CA MTUS guidelines, "Carisoprodol (Soma) not recommended. This medication is not indicated for long-term use. Carisoprodol is a commonly prescribed, centrally acting skeletal muscle relaxant whose primary active metabolite is meprobamate (a schedule-IV controlled substance). Carisoprodol is now scheduled in several states but not on a federal level. It has been suggested that the main effect is due to generalized sedation and treatment of anxiety. Abuse has been noted for sedative and relaxant effects." The patient has been taking this medication for more than 5 months. Since it is not recommended for long-term use and there have been no changes in pain levels or functional capabilities, the requested treatment of Carisoprodol is not medically necessary.