

Case Number:	CM15-0099468		
Date Assigned:	06/01/2015	Date of Injury:	11/26/2012
Decision Date:	06/30/2015	UR Denial Date:	05/21/2015
Priority:	Standard	Application Received:	05/26/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 male patient who sustained an industrial injury on 11/26/2012. On 01/20/2015 he underwent a magnetic resonance imaging scan of the left shoulder that showed chronic appearing full thickness full width tearing of the supraspinatus and infraspinatus tendons with failure at their respective footprints and retraction of the torn tendinotic fibers to the joint line; associated superior subluxation of the humeral head with at least moderate degenerative changes at the glenohumeral joint; suspicion for degenerative tearing involving the posteriosuperior, superior, and anterosuperior portions of the labrum; tearing involving the extraarticular portion of the long head of the biceps tendon with evidence of tendinosis involving the intraarticular portion which is not completely well seen, and extensive soft tissue scarring associated with prior surgery which includes evidence of distal clavicle resection. A primary treating office visit dated 11/19/2014 reported subjective complaint of neck pain, left upper extremity pain and right hip pain. His pain has increased since the last visit and his quality of sleep is poor. Current medications are: Neurontin, Duragesic 75 mcg patch, Flexeril, Ambien, Norco 10/325, and Lidoderm 5% patch. The patient is allergic to Morphine. Previous treatment to include: 04/16/2013 arthroscopic repair rotator cuff; multiple injections, and modified work duty. A progress note dated 01/26/2015 reported objective findings showed he cannot raise his arm beyond 120 degrees; abduction is about 90 degrees and external rotation at 20 degrees. Cuff testing showed the supraspinatus and external rotators are both 4/5. A MRI dated 01/20/2015 showed a full thickness tear and superiorly migrating

humeral head. The impression is chronic rotator cuff tear. The plan of care involved repeat arthroscopic intervention.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ambien 10mg tablet sig take 1 at bedtime as needed #20: 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 Chapter, insomnia Treatment.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) (1) Chronic Pain, Zolpidem (2) Mental Illness & Stress, Insomnia (3) Mental Illness & Stress, Insomnia treatment.

Decision rationale: The claimant sustained a work injury in November 2012. EKG to be treated for neck, low back, right hip, and left shoulder pain. When seen, pain was rated at 7/10. He was having difficulty sleeping and his activity level had decreased. There was decreased cervical spine range of motion with paraspinal muscle tenderness and spasms. He had neck pain with Spurling's testing. Cervical facet loading was positive. There was decreased and painful lumbar spine range of motion with paraspinal muscle spasms. Lumbar facet loading was positive. He had decreased and painful right hip range of motion with positive Fabere testing. Ambien and Flexeril were being prescribed on a long-term basis and were refilled. The claimant's BMI is over 28. Ambien (zolpidem) is a prescription short-acting nonbenzodiazepine hypnotic, which is approved for the short-term (usually two to six weeks) treatment of insomnia and is rarely recommended for long-term use. It can be habit-forming, and may impair function and memory and 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. Primary insomnia is generally addressed pharmacologically. Secondary insomnia may be treated with pharmacological and/or psychological measures. In this case, the nature of the claimant's sleep disorder is not provided. There is no assessment of factors such as sleep onset, maintenance, quality, or next-day functioning. Whether the claimant has primary or secondary insomnia has not been determined. He may have insomnia due to pain or due to obstructive sleep apnea which could be treated directly. Therefore the requested Ambien was not medically necessary.

Flexeril 10mg tab sig take 1 twice daily as needed #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain); Cyclobenzaprine (Flexeril).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (1) Cyclobenzaprine (Flexeril), p 41 (2) Muscle relaxants, p 63.

Decision rationale: The claimant sustained a work injury in November 2012. EKG to be treated for neck, low back, right hip, and left shoulder pain. When seen, pain was rated at 7/10. He was having difficulty sleeping and his activity level had decreased. There was decreased cervical spine range of motion with paraspinal muscle tenderness and spasms. He had neck pain with Spurling's testing. Cervical facet loading was positive. There was decreased and painful lumbar spine range of motion with paraspinal muscle spasms. Lumbar facet loading was positive. He had decreased and painful right hip range of motion with positive Fabere testing. Ambien and Flexeril were being prescribed on a long-term basis and were refilled. The claimant's BMI is over 28. Flexeril (cyclobenzaprine) is closely related to the tricyclic antidepressants. It is recommended as an option, using a short course of therapy and there are other preferred options when it is being prescribed for chronic pain. Although it is a second-line option for the treatment of acute exacerbations in patients with muscle spasms, short-term use only of 2-3 weeks is recommended. In this case, the quantity being prescribed is consistent with ongoing long term use and was therefore not medically necessary.