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| Case Number: | CM13-0023742 | | |
| Date Assigned: | 04/25/2014 | Date of Injury: | 11/17/1997 |
| Decision Date: | 06/09/2014 | UR Denial Date: | 08/29/2013 |
| Priority: | Standard | Application Received: | 09/12/2013 |

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. The expert reviewer is Board Certified in Occupational Medicine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 applicant has filed a claim for chronic low back pain reportedly associated with an industrial injury of November 17, 1997. Thus far, the applicant has been treated with the following: Analgesic medications; adjuvant medications; psychotropic medications; transfer of care to and from various providers in various specialties; earlier lumbar fusion surgery; and extensive periods of time off of work. A February 20, 2014 progress note was notable for comments that the applicant reported diagnoses of plantar fasciitis, low back pain, and mid back pain. The note was handwritten, not entirely legible, and difficult to follow. Zoloft and Tylenol No. 3 were apparently endorsed while the applicant was placed off of work. An earlier handwritten note dated January 7, 2014 was again notable for comments that the applicant remained off of work, on total temporary disability. On October 15, 2013, the applicant was again placed off of work, on total temporary disability. She was described as having exhausted her supply of opioids. The applicant was reporting a dry mouth on Norco. She stated that she would like go back to Nucynta. Lower extremity edema was noted. Nucynta was apparently restarted while the applicant was again placed off of work, on total temporary disability.

IMR ISSUES, DECISIONS AND RATIONALES

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

AMBIEN CR 12.5MG: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG CHRONIC PAIN CHAPTER, ZOLPIDEM TOPIC.

Decision rationale: The MTUS does not address the topic. As noted in the ODG, zolpidem or Ambien is indicated in the short-term management of insomnia, typically on the order of two to six weeks. It is not indicated for the chronic, long-term, and/or scheduled use purpose for which it is being proposed here. Therefore, the request is not medically necessary.