

Case Number:	CM13-0025262		
Date Assigned:	03/14/2014	Date of Injury:	04/07/2008
Decision Date:	04/22/2014	UR Denial Date:	09/04/2013
Priority:	Standard	Application Received:	09/18/2013

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 Physical Medicine and Rehabilitation, has a subspecialty in Pediatric Rehabilitation Medicine and is licensed to practice in Texas. 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 patient is a 52-year-old female with a date of injury of 04/07/2008. The mechanism of injury was not provided. The patient has a history of pseudarthrosis with incomplete fusion of lumbar spine L4 to the sacrum; sleep disturbance and sleep apnea; depression with emotional instability; bilateral knee chondromalacia of patella. The patient reportedly has 5% impairment as a consequence of a sleep disorder. Recommendation by treating physician has been for psychiatric/psychological treatment due to patient reported "meltdowns" and not sleeping at all.

IMR ISSUES, DECISIONS AND RATIONALES

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

INTERMEZZO: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG) PAIN, ZOLPIDEM (AMBIEN(R))

Decision rationale: The patient presents with sleep disturbance with sleep apnea. As to components, the patient has 5% impairment as a consequence of a sleep disorder, nonrestorative

fractional sleep with 80% industrial and 20% nonindustrial, and 4% neurological nonresotrative sleep. The Official Disability Guidelines recommend short-term use for the treatment of insomnia. The patient is also on Ambien 10 mg at bedtime. Tapering should be individualized as well as ongoing monitoring for aberrant taking behaviors. While the requested medication does not meet medical necessity based on information presented, it is expected that the ordering provider will follow recommended medication guidelines for safe discontinuation. As such, the request is non-certified.