MAXIMUS Federal Services

Case Number:	CM13-0027676		
Date Assigned:	03/14/2014	Date of Injury:	04/15/1991
Decision Date:	04/23/2014	UR Denial Date:	08/28/2013
Priority:	Standard	Application Received:	09/23/2013

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:

This is a 68 year old female patient s/p injury 5/19/86. 7/30/13 psychiatric progress note states that the patient has anxiety, depression and sleep disturbance. There is note of controlled hallucinations and social withdrawal. Findings on examination reveal anxiousness, depression. The patient is noted to be dystonic. Comments indicate that the patient is table overall on medications, adjusting. Progress note 6/6/13 indicates that the patient feels depressed. She has low back pain and neck pain with bilateral shoulder pain. There is documentation of an adverse determination for the amphetamine salt combo due to lack of guidelines support for the medical necessity of its use. The Zolpidem was not recommended due to lack of documentation of current sleep disturbance, sleep behavior modification, or functional benefit from previous use. On 8/28/13, an adverse determination was rendered for lack of guidelines support for amphetamine salts and lack of guidelines support for long-term Zolpidem treatment.

IMR ISSUES, DECISIONS AND RATIONALES

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

PHARMACY PURCHASE OF AMPHETAMINE SALT COMBO 10MG #90 D/S 30:
Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation The guidelines used by the Claims Administrator are not clearly stated in the Utilization Review (UR) determination.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation FDA Amphetamine information http://www.drugs.com/amphetamine.html.

Decision rationale: The FDA states that amphetamine is used to treat narcolepsy and attention deficit disorder with hyperactivity (ADHD). However, there is no indication that this patient meets diagnostic criteria for ADHD or narcolepsy. There is no rationale for the use of this medication. The request is not medically necessary

ZOLPIDEM TARTRATE 10MG #30 D/S 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 (ODG).

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

Decision rationale: Ambien is approved for the short-term (usually two to six weeks) treatment of insomnia. Additionally, pain specialists rarely, if ever, recommend Ambien for long-term use. There is no clear description of the type of sleep disturbance reported, such as sleep latency issues. There is no discussion of sleep hygiene or attempts to incorporate behavior modification techniques. There is no discussion of efficacy with previous use of Zolpidem. The request is not medically necessary.