

Case Number:	CM13-0036916		
Date Assigned:	12/13/2013	Date of Injury:	11/29/1999
Decision Date:	02/13/2014	UR Denial Date:	10/16/2013
Priority:	Standard	Application Received:	10/22/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Family Practice, 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 physician 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 76-year-old male who reported a work-related injury on 11/29/99; the specific mechanism of injury was not stated. The patient currently presented for treatment of the following diagnoses: status post left shoulder arthroscopic surgery as of November 2004, history of a 2-level cervical fusion as of November 2003, and a history of bilateral carpal tunnel release in 2002 and 2003.

IMR ISSUES, DECISIONS AND RATIONALES

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

90 Ambien 10mg: 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 Official Disability Guidelines

Decision rationale: The clinical documentation submitted for review reported that the patient presented status post a work-related injury sustained multiple years ago. The most recent clinical note submitted for review dated 9/24/13 revealed that the patient was seen under the care of [REDACTED]. The provider did not document a recent physical exam of the patient, nor did he document the patient's reports of efficacy with his current medication regimen other than that medications

reduced the patient's pain level with no major side effects. There was no mention of the patient presenting with any sleep pattern complaints. The clinical notes documented that the patient had utilized Ambien since at least June 2012. The Official Disability Guidelines indicate that Ambien is a prescription short-acting benzodiazepine hypnotic which is approved for the short-term - usually 2-6 week- treatment of insomnia. Given that this medication is recommended for acute use, not chronic, the request is not medically necessary.