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| Case Number: | CM14-0104701 | | |
| Date Assigned: | 07/30/2014 | Date of Injury: | 01/25/1996 |
| Decision Date: | 09/25/2014 | UR Denial Date: | 06/06/2014 |
| Priority: | Standard | Application Received: | 07/07/2014 |

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 Pain Medicine and is licensed to practice in Texas and Oklahoma. 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 injured worker is a 62 year old male with a reported date of injury on 01/25/1996. The mechanism of injury was a fall. The diagnoses were cervicalgia, peripheral neuropathy, and low back pain. The past treatments were pain medication, chiropractic therapy and surgery. The MRI of the cervical spine on 02/24/2011 revealed mild diffuse disc bulge at C5-C6 and a solid fusion at C6-C7 and C7-T1. The surgical history included lumbar fusion on 02/27/2008. On 06/18/2014, the subjective complaints were cervical pain. The physical examination noted the injured worker changes station independently without difficulty ambulating. The medications were Ambien, Celebrex, Norco, Oxycontin, and Duloxetine. The notes indicate injured worker has been on Ambien since at least 03/13/2014. The plan was to refill and continue medications. The rationale was for pain relief. The request for authorization form is dated on 07/03/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ambien 10mg #90: 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®).

Decision rationale: The request for Ambien 10mg #90 is not medically necessary. The Official Disability Guidelines state that Ambien is not recommended for long-term use, but recommended for short-term use not to exceed 6 weeks. The injured worker has chronic pain. The notes indicate that he has been on Ambien since at least 03/13/2014 which exceeds the guideline recommendation of 6 weeks. Additionally the request as submitted did not provide a frequency. Since the injured worker has been on Ambien longer than 6 weeks the request is not medically necessary.