

<b>Case Number:</b>	CM14-0107971		
<b>Date Assigned:</b>	09/16/2014	<b>Date of Injury:</b>	08/24/2010
<b>Decision Date:</b>	10/22/2014	<b>UR Denial Date:</b>	06/12/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/11/2014

### 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 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 injured worker is a 43 year-old female who was reportedly injured on August 24, 2010. The most recent progress note dated September 2, 2014, indicates that there were ongoing complaints of right ankle pain. The physical examination demonstrated full weight bearing status (surgical intervention is scheduled for September 12, 2014). The vital signs are stable, the distal pulses are 2+ and intact, and normal capillary refill is identified. There were some sensory changes within the scar of the foot. Diagnostic imaging studies reportedly noted a failure of the previous surgery to heal appropriately. Previous treatment includes surgical intervention, physical therapy, multiple medications and other pain management interventions. A request was made for Ambien and was not certified in the pre-authorization process on June 12, 2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**30 Ambien 10mg (refills unspecified): 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 (ODG) Pain Chapter, (Updated October, 2014).

**Decision rationale:** As outlined in the ODG (MTUS and ACOEM guidelines do not address) this is a short acting, non-benzodiazepine hypnotic which is indicated for short-term intervention to treat sleep issues. There is insufficient clinical information presented to suggest there is a sleep issue or that this is interfering with rehabilitation. As such, based on the limited clinical ration presented for review this is not medically necessary.