MAXIMUS Federal Services

Case Number:	CM14-0114145		
Date Assigned:	09/16/2014	Date of Injury:	04/25/2013
Decision Date:	10/17/2014	UR Denial Date:	06/26/2014
Priority:	Standard	Application Received:	07/22/2014

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, 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 35-year-old female who reported an injury on 04/25/2013. The injury reportedly occurred when she was attacked by a student at work. She is diagnosed with cervicalgia. Her past treatments were noted to include physical therapy, Functional Restoration Program, home exercise program, and medications. On 06/12/2014, the injured worker reported left knee pain rated 6/10. The documentation also shows that she was using Intermezzo when she cannot sleep. It was noted that the provider suggested her medications remain the same was she was stable on her current dosage and they were improving her ability to handle activities of daily living. Her medications were noted to include Intermezzo. A request was received for Intermezzo 3.5 mg quantity 30, 1 refill. A clear rationale for the request was not provided. The Request for Authorization form was submitted on 06/12/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Intermezzo 3.5mg Qty: 30.00, 1 refill: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Treatment in Workers Compensation, Pain Chapter, Insomnia treatment

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 (AmbienÂ®).

Decision rationale: A request was received for Intermezzo 3.5 mg quantity 30, 1 refill. According to the Official Disability Guidelines, zolpidem is recommended for short term treatment of insomnia, usually 2 to 6 weeks. The guidelines state that this medication is not recommended for chronic conditions as it can be habit forming, it may impair function and memory, and it may increase pain and depression over the long term. The clinical information submitted for review indicates that the injured worker was utilizing Intermezzo as needed for insomnia. However, details regarding her use of Intermezzo were not clear within the submitted clinical documentation and it remains unknown how long she has been taking this medication, what other medications have been tried and failed for insomnia, and whether she is receiving adequate befit without side effects with use of this medication. In the absence of this information, the appropriateness of continued use cannot be established. In addition, the request as submitted failed to include a frequency and a quantity of 30 with 1 refill would exceed the guidelines recommendation for 2 to 6 weeks use only. For the reasons noted above, the request is not medically necessary.