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| Case Number: | CM14-0127801 | | |
| Date Assigned: | 08/15/2014 | Date of Injury: | 04/11/2004 |
| Decision Date: | 09/18/2014 | UR Denial Date: | 08/07/2014 |
| Priority: | Standard | Application Received: | 08/12/2014 |

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 Nevada. 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 records, presented for review, indicate that this 41 year old female was reportedly injured on 4/11/2004. The mechanism of injury is undisclosed. The most recent progress note, dated 7/30/2014, indicated that there were ongoing complaints of right shoulder, and right arm pains as well as low back pain. The physical examination demonstrated right upper extremity decreased range of motion in the right upper extremity. The right hand had numbness and tingling in the second, third, and fourth fingers. Normal motor, sensory and deep tendon reflexes. No recent diagnostic studies are available for review. Previous treatment included medications and conservative treatment. A request was made for Ambien 10 milligrams quantity thirty and nurse case manager and was not certified in the preauthorization process on 8/7/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ambien 10mg #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, Pain (Chronic).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) - TWC/ODG Pain (Chronic) - Ambien.

Decision rationale: As outlined in Official Disability Guidelines (ODG), Zolpidem (Ambien) is a prescription short acting nonbenzodiazepine hypnotic, which is approved for the short term (usually two to six weeks) treatment of insomnia. The guidelines specifically do not recommend them for long term use for chronic pain. As such, this request is not medically necessary.

1 Nurse case manager: 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 Other Medical Treatment Guideline or Medical Evidence.

Decision rationale: The request for nurse case manager has no actual bearing on the patient's plan of treatment. This is an administrative request, and therefore this request is deemed not medically necessary.