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| Case Number: | CM14-0137916 | | |
| Date Assigned: | 09/08/2014 | Date of Injury: | 06/19/2001 |
| Decision Date: | 10/07/2014 | UR Denial Date: | 08/13/2014 |
| Priority: | Standard | Application Received: | 08/26/2014 |

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 Anesthesiology, has a subspecialty in pain Management 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:

According to the records made available for review, this is a 51-year-old male with a 6/19/01 date of injury. At the time (8/5/14) of request for authorization for Gastroenterology consult and Ambien 10mg, there is documentation of subjective (neck and low back pain) and objective (antalgic gait and no tremors noted) findings, current diagnoses (cervical radiculitis, low back pain, cervical post-laminectomy syndrome, neck pain, and lumbosacral neuritis), and treatment to date (medications (including ongoing treatment with Ambien since at least 2/3/14), treatment with TENS unit). Medical report identifies that the patient has pain related sleep disorder. In addition, medical report identifies that the patient has continued rectal bleeding and daily loose stools which interferes in ability to exercise to improve pain management. Regarding Ambien, there is no documentation of short-term (less than two to six weeks) treatment; and functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of Ambien use to date.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gastroenterology consult: Overturned

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 American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Independent Medical Examinations and consultations, page(s) 127

Decision rationale: MTUS reference to ACOEM guidelines identifies that consultation is indicated to aid in the diagnosis, prognosis, therapeutic management, determination of medical stability, and permanent residual loss and/or the examinee's fitness for return to work, as criteria necessary to support the medical necessity to support the medical necessity of consultation. Within the medical information available for review, there is documentation of diagnoses of cervical radiculitis, low back pain, cervical post-laminectomy syndrome, neck pain, and lumbosacral neuritis. In addition, given documentation that the patient has continued rectal bleeding and daily loose stools which interferes in ability to exercise to improve pain management, there is documentation that consultation is indicated to aid in the diagnosis, prognosis and therapeutic management. Therefore, based on guidelines and a review of the evidence, the request for Gastroenterology consult is medically necessary.

Ambien 10mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines MEDICAL VS. SELF-MANAGEMENT MODEL, ANTIDEPRESSANTS FOR CHRONIC PAI. Decision based on Non-MTUS Citation OFFICIAL DISABILITIES GUIDELINES, NON-PHARMACOLOGIC TREATMENTS

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chronic Pain Chapter, Zolpidem Other Medical Treatment Guideline or Medical Evidence: Title 8, California Code of Regulations, section 9792.20

Decision rationale: MTUS does not address this issue. ODG identifies Ambien (Zolpidem) as a prescription short-acting non-benzodiazepine hypnotic, which is approved for the short-term (usually two to six weeks) treatment of insomnia. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. Within the medical information available for review, there is documentation of diagnoses of cervical radiculitis, low back pain, cervical post-laminectomy syndrome, neck pain, and lumbosacral neuritis. In addition, there is documentation of ongoing treatment with Ambien. However, despite documentation that the patient has pain related sleep disorder, there is no (clear) documentation of insomnia. In addition, given documentation of records reflecting prescriptions for Ambien since at least 2/3/14, there is no documentation of short-term (less than two to six weeks) treatment. Furthermore, there is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of Ambien use to date. Therefore, based on guidelines and a review of the evidence, the request for Ambien 10mg is not medically necessary.

