

Case Number:	CM14-0138951		
Date Assigned:	09/05/2014	Date of Injury:	12/15/2004
Decision Date:	10/14/2014	UR Denial Date:	07/28/2014
Priority:	Standard	Application Received:	08/27/2014

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 Occupational 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic neck, back, hip, buttock, shoulder, hand, and wrist pain reportedly associated with an industrial injury of December 15, 2004. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representations; opioid therapy; earlier shoulder surgery; and unspecified amounts of time off of work. In a Utilization Review Report dated July 28, 2014, the claims administrator apparently approved a request for Norco, approved a laboratory testing, approved an EKG, and denied a request for Ambien. In a February 4, 2014 progress note, the applicant was placed off of work, on total temporary disability. Persistent complaints of low back pain, reportedly worsened, were noted. The applicant was using Norco and Percocet for pain relief. The applicant had last worked in October 2012, it was acknowledged. The applicant was also using Neurontin, it was stated in another section of the report. On March 4, 2014, the applicant was described as using Norco, Neurontin, Excedrin, Dulcolax, Qvar, Paxil, Lipitor, and Klonopin. The applicant was again placed off of work, on total temporary disability. On April 4, 2014, the applicant was again placed off of work. Physical therapy was sought. The applicant was using Norco, Neurontin, Excedrin, Dulcolax, Qvar, Paxil, Lipitor, and Klonopin, it was stated. The applicant was again placed off of work on progress notes of May 6, 2014 and May 13, 2014. There was no mention of Ambien usage on this occasion. Ambien was apparently introduced on June 27, 2014. Twelve tablets of the same were endorsed. Ambien was apparently being endorsed for postoperative purpose. Norco, postoperative physical therapy, a sling, and shoulder surgery were sought on the same date.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ambien 10mg #12: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Food and Drug Administration (FDA), Ambien Medication Guide.

Decision rationale: The request in question represented a first-time request for Ambien. Ambien was apparently being employed for postoperative use purposes, the attending provider has suggested. The MTUS does not address the topic of Ambien usage. However, the Food and Drug Administration (FDA) notes that Ambien is indicated in the treatment of short-term insomnia, for up to 35 days. The 12-tablet first-time request for Ambien proposed by the attending provider, thus, did conform to FDA parameters. Accordingly, the request was medically necessary.