

Case Number:	CM14-0151433		
Date Assigned:	09/19/2014	Date of Injury:	08/04/2009
Decision Date:	10/20/2014	UR Denial Date:	09/06/2014
Priority:	Standard	Application Received:	09/17/2014

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 injured worker is a 50 year-old male who is diagnosed with (a) obstructive sleep apnea on continuous positive airway pressure (CPAP), (b) insomnia, (c) hypertension, (d) post traumatic stress disorder, and (e) neuropathy. He was seen on August 23, 2014 for an evaluation and medication refills. He initially had significant somnolence following the injury and now has ongoing insomnia. Blood pressure reading was 130/80.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lisinopril 10mg #30 with 3 refills: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) and American Diabetes Association (ADA)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation The Medical Disability Advisor, Fifth Edition, High Blood Pressure, Benign, page(s) 1130

Decision rationale: The request for lisinopril 10 mg #30 3 refills is not medically necessary at this time. Guidelines stated that treatment for hypertension follows a progressive approach and the first step includes lifestyle modifications. If blood pressure remains uncontrolled with the

first step, medications will be prescribed. Based on the reviewed medical records, there was no documentation that the injured worker underwent lifestyle modifications and failed to control blood pressure. Hence, the request for Lisinopril is not medically necessary at this time.

Ambien CR 12.5mg #30 with 2 refills: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG and Oklahoma Guidelines for Treatment of Chronic Pain Disorders (2007)

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 (Ambien®)

Decision rationale: The request for Ambien CR 12.5 mg #30 2 refills is not medically necessary at this time. It has been determined from the reviewed medical records that the injured worker has been taking Ambien for sleep since February 2014. The use of Ambien beyond two to six weeks is not in accordance with the guidelines. The Official Disability Guidelines (ODG) stated that the use of Ambien is approved only for short-term use, usually two to six weeks. Hence, Ambien CR 12.5 mg #30 2 refills is not medically necessary at this time.