

Case Number:	CM14-0174347		
Date Assigned:	10/24/2014	Date of Injury:	09/03/2011
Decision Date:	11/25/2014	UR Denial Date:	10/06/2014
Priority:	Standard	Application Received:	10/20/2014

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:

This 59 year-old patient sustained an injury on 9/3/11. Request(s) under consideration include Intermezzo 3.5mg TU # 15. Diagnoses include bilateral lower extremity crush injuries with tibial fractures and compartment syndrome status post fasciotomies and skin flap, tibial realignment and osteotomy; left knee pain from arthritis and meniscal tear; right knee pain with arthritis, crush injury, meniscal tear and pes anserine bursitis; history of PE/DVT in lower extremity; posttraumatic stress disorder; depression; headaches; obesity; sleep apnea; insomnia, erectile dysfunction and hypogonadism/ testosterone insufficiency likely related to chronic opioid use; and renal tubular acidosis. Conservative care has included medications, therapy, knee injections, CPAP machine, psychotherapy/ CBT, and modified activities/rest. Medications list Trazodone, Wellbutrin, Nucynta, Norco, Cymbalta, and Provigil. Report of 8/26/14 from a provider noted the patient with continued symptoms of the knee/shin pain rated at 4-5/10 improved with rest and pain medications. Exam showed intact sensation with 5/5 motor strength in Tibialis anterior/ EHL/ Tibialis posterior longus and gastroc-soleus; well-healed muscle skin graft; and no calf tenderness with 1-2+ circulation. Diagnoses included bilateral tibial malunion status post left osteoplasty and multiplanar removal. Treatment included continued physical therapy (PT), weight bearing, x-rays, and medications. The patient remained off work. Report of 9/10/14 from the provider noted the patient doing fairly well overall but still had very poor sleep. Exam showed tenderness to palpation over right medial joint line and gait fairly reciprocal. The request(s) for Intermezzo 3.5mg TU # 15 was non-certified on 10/6/14 citing guidelines criteria and lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

Intermezzo 3.5mg TU # 15: 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), 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 (Chronic), Zolpidem (Ambien Â®), pages 877-878

Decision rationale: Per the Official Disability Guidelines (ODG), this non-benzodiazepines CNS depressant (Intermezzo/ Zolpidem Tartrate) is the treatment of choice in very few conditions with tolerance to hypnotic effects developing rapidly with anxiolytic effects occurring within months; limiting its use to 4 weeks as long-term use may actually increase anxiety. Submitted reports noted the patient with sleep apnea on CPAP machine; however, have not demonstrated any clinical findings or specific sleep issues such as number of hours of sleep, difficulty getting to sleep or staying asleep or how use of this sedative/hypnotic has provided any functional improvement from treatment rendered. Submitted reports have not demonstrated any clinical findings or confirmed diagnoses of sleep disorders to support its use for this chronic 2011 injury. There is no failed trial of behavioral interventions or proper pain management as the patient continues on opiates with stated pain relief to hinder any sleep issues. Therefore, the request for is not medically necessary.