

Case Number:	CM14-0035788		
Date Assigned:	06/23/2014	Date of Injury:	03/23/2009
Decision Date:	07/25/2014	UR Denial Date:	03/20/2014
Priority:	Standard	Application Received:	03/24/2014

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 Texas. 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 26 year old female who had a work related injury on 03/23/09. Her first injury was on 11/01/08. These injuries were due to multiple falls from a plane. Current injury 03/23/09, she suffered partial tear of five ligaments in the left ankle. The injured worker underwent surgery on 09/03/10, ankle and subtalar arthroscopic debridement, and peroneal tendonoscopy debridement. There was no improvement with the surgery. She continued to require daily use of left ankle brace. Her most recent office note dated 05/30/14 injured worker reported same pain in left ankle with numbness, and tingling in her left ankle. Right ankle and right foot pain due to compensation. She reported that the average pain without medication was 9/10 with medication 4/10. Today the pain was 6/10 on pain scale. Medications prescribed kept the patient functional, allowed for increased mobility, and tolerance of activities of daily living and home exercises. UDS concordant. Current medication Norco 7.5/325 1 q 12 hrs. prn. Ambien 10mg tablets, naproxen 550mg tablets, Nizatidine 150mg tablets, Prilosec 20mg tablets. Review of systems unremarkable. Physical examination height 66 inches tall. Weight 300 pounds. BMI was 48.60 physical examination revealed injured worker had antalgic gait. Strength was decreased in her left lower extremity, in part limited by ankle pain. There was erythematous, painful under the anterior lower leg above the ankle. There was no skin breakdown or signs of infection. Prior utilization review dated 03/20/14 shows Norco 7.5 over 325 #60 modified for a weaning process. Internal medicine versus GI consult was denied or non-certified. Zolpidem tartrate 10mg #20 was non-certified. Current request was for zolpidem tartrate 10mg #20, Norco 7.5/325 #60 and internal medicine versus GI consult.

IMR ISSUES, DECISIONS AND RATIONALES

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

Zolpidem Tartrate 10mg, #20: 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) Zolpidem (Ambien).

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.

Decision rationale: The request for zolpidem tartrate 10mg, #20 is not medically necessary. The current evidence based guidelines and clinical documentation submitted for review do not support the request. Zolpidem is a prescription short-acting non-benzodiazepine hypnotic, which is approved for the short-term (usually two to six weeks) treatment of insomnia. As such, medical necessity has not been established.

Internal Medicine vs. GI Consult: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, Chapter 7, pages 92, 127.

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) Chapter 7, page(s) 127.

Decision rationale: The request for internal medicine versus GI consult is not medically necessary. The clinical documentation submitted for review does not support the request. In reviewing the clinical documents, there was only one note that mentioned an abdominal exam and that was 03/11/2014, and the exam was normal. Review of symptoms did not record any complaints. Therefore medical necessity has not been established.