

Case Number:	CM14-0038364		
Date Assigned:	06/25/2014	Date of Injury:	04/28/2011
Decision Date:	08/15/2014	UR Denial Date:	03/24/2014
Priority:	Standard	Application Received:	04/01/2014

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 patient is a 34-year-old male who has submitted a claim for thoracic strain associated with an industrial injury date of April 28, 2011. The medical records from 2014 were reviewed. The patient complained of limping and difficulty getting proper sleep. Physical examination showed an antalgic gait associated with the patient's current shoes. The diagnoses were thoracic sprain, lumbar disc disease, right hip strain, depression, and insomnia. Treatment plan includes a request for Ambien for insomnia and custom molded orthoses for the antalgic gait. The treatment to date was not available in the records provided. A utilization review from March 24, 2014 denied the request for Ambien 10mg one qhs #30 because there was no clarification on how conclusion of secondary insomnia was reached. There was also no discussion why long-term pharmacologic treatment is indicated. The documentation further does not describe failure of behavioral interventions including sleep hygiene techniques. The request for custom molded orthoses was also denied because diagnosis was not specified. It is unclear why the treatment would be custom orthoses as opposed to alternate shoes.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ambien 10mg one 1 qhs #30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain chapter, Ambien (zolpidem tartrate).

Decision rationale: The CA MTUS does not address this topic. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, ODG was used instead. According to ODG, zolpidem is approved for the short-term (usually two to six weeks) treatment of insomnia. They may impair function and memory more than opioid pain relievers. There is also concern that they may increase pain and depression over the long-term. In this case, the patient's sleep pattern was not discussed. There was no objective evidence of insomnia and failure of sleep hygiene techniques in this patient that would necessitate use of Ambien. The medical necessity has not been established due lack of information. There was no compelling rationale concerning the need for variance from the guidelines. Therefore, the request for Ambien 10mg one 1 qhs #30 is not medically necessary.

One (1) custom molded orthoses: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 369-371.

Decision rationale: As stated on page 371 of the ACOEM Practice Guidelines, 2nd Edition (2004) referenced by CA MTUS, rigid orthotics may reduce pain experienced during walking and may reduce more global measures of pain and disability for patients with plantar fasciitis and metatarsalgia. However, there is no rationale for custom orthotics. In this case, antalgic gait was attributed to use of the patient's current shoes. However, there was no comprehensive physical examination of the foot. The diagnosis was also not provided. It is unclear why alternate shoes would not suffice. There was no clear indication for custom foot orthoses at this time due to lack of information. The medical necessity has not been established. Therefore, the request for one (1) custom molded orthoses is not medically necessary.