

Case Number:	CM14-0038979		
Date Assigned:	06/27/2014	Date of Injury:	05/04/1987
Decision Date:	08/18/2014	UR Denial Date:	03/26/2014
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 Anesthesiology, has a subspecialty in Pain 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 53 year old female who sustained facial injuries after being struck by a baseball at a company picnic on 05/04/87. The injured worker sustained fractures to the jaw and cheekbone. She subsequently had a chronic history of migraine, trigeminal neuralgia, atypical face facial pain and insomnia. She was chronically maintained on multiple medications including Dilaudid, Norco, Lorazepam and Ambien. Physical examination was remarkable for left facial pain. A utilization review determination dated 03/26/14 non-certified the request for Ambien CR 12.5mg #30.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ambien CR 12.5mg #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 11th edition pain.

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).

Decision rationale: The injured worker is a 53 year old female who sustained facial injuries after being struck by a baseball at a company picnic on 05/04/87. The injured worker sustained

fractures to the jaw and cheekbone. She subsequently had a chronic history of migraine, trigeminal neuralgia, atypical face facial pain and insomnia. She was chronically maintained on multiple medications including Dilaudid, Norco, Lorazepam and Ambien. Physical examination was remarkable for left facial pain. A utilization review determination dated 03/26/14 non-certified the request for Ambien CR 12.5mg #30.