

Case Number:	CM14-0045414		
Date Assigned:	06/27/2014	Date of Injury:	11/21/1998
Decision Date:	08/15/2014	UR Denial Date:	03/21/2014
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 Physical Medicine and Rehabilitation and is licensed to practice in Nevada. 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 records presented for review indicate that this 67-year-old male was reportedly injured on November 21, 1998. The mechanism of injury is not listed in the records reviewed. The most recent progress note, dated March 7 2014, indicates that there are ongoing complaints of left knee pain. The physical examination demonstrated decreased left knee range of motion as well as global tenderness. A bone scan did not indicate any evidence of infection at the left knee. Previous treatment includes a left knee totally arthroplasty a request had been made for Ambien and electrodiagnostic studies (EMG/NCV) studies of the bilateral upper and lower extremities and was denied in the pre-authorization process on March 21, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ambien 10mg #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, Pain (Chronic).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) - TWC/ODG Integrated Treatment/Disability Duration Guidelines; Pain (Chronic) - Ambien (updated 07/10/14).

Decision rationale: According to the Official Disability Guidelines, Zolpidem is a prescription short-acting non-benzodiazepine hypnotic, which is approved for the short-term (usually two to six weeks) treatment of insomnia. The guidelines specifically do not recommend them for long-term use for chronic pain. A review of the attached medical records indicate that there have been prior prescriptions of Ambien in addition to this request. Therefore this request for Ambien is not medically necessary.

EMG/NCV of bilateral upper and lower extremities: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 178. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back - Lumbar and Thoracic (Acute and Chronic).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303.

Decision rationale: According to the attached medical record the injured employee has had a recent nerve conduction study in 2013. Additionally review of recent progress do not indicate any red flags to justify a repeat study of the upper and lower extremities. Therefore this request for electrodiagnostic (EMG/NCV) studies of the bilateral upper and lower extremities is not medically necessary.