

Case Number:	CM14-0079711		
Date Assigned:	07/18/2014	Date of Injury:	01/16/2007
Decision Date:	09/23/2014	UR Denial Date:	05/01/2014
Priority:	Standard	Application Received:	05/30/2014

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 Internal 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 injured worker is a 59 year old female who had a work related injury on 01/16/07. The mechanism of injury is not described. The injured worker has undergone an arthroscopic surgery of her right knee for a medial meniscectomy on 08/16/07 and then again on 08/09/12 when she had a partial medial meniscectomy, revision medial meniscectomy, partial lateral meniscectomy, chondroplasty of the medial femoral condyle, and removal of loose bodies. The injured worker had 2 urinary drug screens, 1 in February of 2013 and July of 2013 and both were negative for all analysis including Hydrocodone which was a medication she was on. A follow up UDS in October of 2013 was negative for all substances including Vicodin metabolites. Prior peer review on 08/23/13 recommendation was to wean off the Vicodin. A prior peer review dated 03/2014, the request for Norco 5/325mg was non-certified. The most recent utilization review on 05/01/14 was non-certified for the Ambien as well as the urinary drug testing. In reviewing the notes, the injured worker has been prescribed Ambien for some time. The request was for Ambien 10mg #30, no refills (prescribed 03/24/14). Urine drug testing performed on 03/18/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ambien 10mg #30, No Refills (prescribed 3/24/14): Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Official Disability Guidelines (ODG) - online version, Pain (Chronic), Zolpidem (Ambien®).

Decision rationale: The request for Ambien 10mg #30 with no refills (prescribed on 03/24/14) is not medically necessary. Ambien is recommended for the short term treatment of insomnia. This medication can be habit forming, and may impair function and memory more than opiate pain relievers. There is also concern that it may increase pain and depression over the long term. Long term use of this medication would not be supported. Therefore, medical necessity has not been established.

Urine drug testing (performed 3/18/14): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for Use of Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug testing Page(s): 43.

Decision rationale: The request for urine drug testing (UDS) (performed on 03/18/14), is not medically necessary. The injured worker's narcotics were previously non-certified by peer review on 03/13/14 due to multiple inconsistent UDS which were negative for all substances and lack of functional improvement. As the injured worker is no longer to be prescribed opiates, follow up UDS would not have been indicated. Therefore, medical necessity has not been established.