

Case Number:	CM14-0080893		
Date Assigned:	07/18/2014	Date of Injury:	12/08/2005
Decision Date:	09/24/2014	UR Denial Date:	05/19/2014
Priority:	Standard	Application Received:	06/02/2014

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 injured worker is a 54-year-old female who was reportedly injured on 12/8/2005. The mechanism of injury was noted as a low back injury while working as a correctional officer. The injured worker underwent a lumbar fusion at L3-L4 on 4/4/2006 followed by removal of hardware on 8/24/2007. The most recent progress notes, dated 5/21/2014 and 6/18/2014, indicate that there were ongoing complaints of low back and hip pains. Physical examination demonstrated decreased right hip range of motion and tenderness, decreased lumbar spine range of motion, normal lower extremity neurovascular exam, decreased left hip strength and 5/5 right hip strength and antalgic gait with cane. No recent diagnostic imaging studies available for review. Diagnoses: Chronic hip osteoarthritis. Previous treatment included hip joint cortisone injection (6/4/2014), physical therapy, acupuncture and medications to include oxycodone and Zolpidem. A request was made for zolpidem 10mg #30 and home care assistance not all of which were certified in the utilization review on 5/8/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Zolpidem 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.

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: Zolpidem (Ambien) 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 benzodiazepines for long-term use for chronic pain. As such, this request is not medically necessary.

Home Care Assistance: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Home Health Services Page(s): 51 of 127.

Decision rationale: California Medical Treatment Utilization Schedule guidelines support home health services for medical treatment for patients who are homebound, on a part-time or "intermittent" basis, generally up to no more than 35 hours per week. Medical treatment does not include homemaker services like shopping, cleaning, and laundry, and personal care given by home health aides like bathing, dressing, and using the bathroom when this is the only care needed. Review, of the available medical records, documents chronic hip and low back pain after an injury in 2006. This request is not supported by the treatment guidelines and therefore is not medically necessary.