

Case Number:	CM14-0087644		
Date Assigned:	07/25/2014	Date of Injury:	02/15/2014
Decision Date:	09/17/2014	UR Denial Date:	05/22/2014
Priority:	Standard	Application Received:	06/11/2014

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 Emergency 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:

Patient with reported date of injury on 2/15/14. No mechanism of injury was provided for review. A progress note mentions something about elevators and falling merchandise but no other details. Patient has a diagnosis of contusion forehead, insomnia and post traumatic headache. There was a report dated 5/14/14 but was not provided for review. The patient reports no pain but notes a "buzzing" bilateral head. The only exam documented was the normal head and neurological exam. The notes mention referral to neurology and counseling. However, there is no information concerning reasoning for the labs requested. Patient was noted to be on Advil and switched to Tylenol and Ambien was ordered on that visit. Independent Medical Review is for "Electrolyte panel, magnesium, calcium, phosphorus, ALT serum, Creatine serum" and Ambien 5mg #30. Prior Utilization review on 5/22/14 recommended non-certification.

IMR ISSUES, DECISIONS AND RATIONALES

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

ELECTROLYTE PANEL, MAGNESIUM SERUM, CALCIUM, PHOSPHORUS, ALT SERUM, CREATININE SERUM: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, specific drug list and adverse effects> Page(s): 70.

Decision rationale: The Expert Reviewer based his/her decision on the MTUS Chronic Pain Medical Treatment Guidelines, NSAIDs, Specific drug list and adverse effects, page 70. The Expert Reviewer's decision rationale: All evidence based guidelines do not recommend routine lab testing except in case of patients chronically on NSAIDs or Tegretol. The patient is not currently on Tegretol and is noted to only be on Advil (an NSAID). There is no documentation of how chronicity of NSAID use or when it was started and how often the patient takes the NSAID. The requested blood tests are not medically necessary.

AMBIEN 5 MG 1 PO 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 ODG <Pain(Chronic)>, <Insomnia Treatment)>.

Decision rationale: The Expert Reviewer based his/her decision on the Non-MTUS Official Disability Guidelines (ODG) Chronic Pain, Insomnia Treatment. The Expert Reviewer's decision rationale: Ambien is a benzodiazepine agonist approved for insomnia. As per (ODG) guidelines, it recommends treatment of underlying cause of sleep disturbance and recommend short course of treatment. There is no documentation concerning any details of the insomnia. There is no documentation of other conservative attempts at treatment of sleep disturbance or sleep studies. The number of tablets of 30 is not appropriate for a short term course or trial. The request for Ambien 5mg #30 is not medically necessary.