

Case Number:	CM14-0091240		
Date Assigned:	07/25/2014	Date of Injury:	05/03/2012
Decision Date:	11/26/2014	UR Denial Date:	05/19/2014
Priority:	Standard	Application Received:	06/16/2014

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 & Rehabilitation 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 57 years old left hand dominant male with a date of injury on 5/3/2012. He is diagnosed with (a) left wrist strain; (b) left thumb metacarpophalangeal joint sprain involving ulnar collateral ligament with chronic instability; (c) left thumb repair of collateral ligament, release of flexor carpi radialis tendon sheath on 03/19/2013; (d) lumbar spine mechanical pain with altered gait; (e) lumbar spine narrowing of the intervertebral space at L4-5, L1-2 and to a lesser degree L5-S1 and L3-4. Marginal osteophyte formation anteriorly at L1-2, L3-4, L4-5 on either side of the disc space and posteriorly at L4-5 per the x-ray dated 1/16/2014; (f) left knee tear of the posterior horn and body of the medial meniscus, 10-mm focus of Grade III chondrosis of the medial femoral condyle over the posterior horn of the medial meniscus associated subchondral marrow edema of the medial femoral condyle and medial tibial plateau as per the magnetic resonance imaging dated 5/13/2013; (g) left knee arthroscopic partial medial meniscectomy and debridement postoperative on 8/02/2013; (h) left ankle probable tear of the anterior talofibular ligament per magnetic resonance imaging on 5/22/2012; and (j) left ankle on the tip of the medial malleolus there is a small bony osteophyte juxtaposed to the end of the medial malleolus that measures 2.8-mm by 5.2-mm per the x-ray dated 1/16/2014. The x-ray records of the left wrist, left hand, and left knee dated 4/2/2013 documented normal findings. The operative notes dated 12/11/2013 noted he underwent neurolysis of the superficial nerve to the left thumb and evaluation of the left thumb metacarpophalangeal joint ulnar collateral ligament under anesthesia. Per the most recent records made available for review dated 4/14/2014, the injured worker complained of left wrist/hand/fingers constant pain. He reported that he has no grip strength and numbness of the left thumb. He also complained of constant low back pain. Any type of movement increased his pain even when lying down. Pain radiates into the bilateral lower extremities. He also complained of numbness and tingling sensation of the left

lower extremity. He also complained of left knee ankle/foot/toes pain that was always present with associated numbness and tingling sensation. The left wrist/thumb examination noted tenderness to the metacarpophalangeal joint with ligament instability and radial stress of the metacarpophalangeal joint. The lumbar spine examination noted tenderness over the left L4-5 and left L5-S1 levels, left sciatic notch, left posterior thigh, left posterior calf, and plantar surface of the left foot. Sensation was decreased over the distal third of the left posterior thigh, left posterior calf, and plantar surface of the foot. The left knee examination noted tenderness over the medial joint line and pes anserinus bursa. He has limited extension and flexion. Numbness with an antalgic gait to the left was noted. The left ankle examination noted diffuse tenderness over the left ankle. The muscle strength was 2-3/5 for the left ankle evertors, plantar flexors, and dorsiflexors.

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Illness & Stress, Insomnia treatment

Decision rationale: The Official Disability Guidelines point out that non-benzodiazepine sedative hypnotics (benzodiazepine-receptor agonists) to which Ambien controlled release falls under is considered as the first-line medication for insomnia. Specifically, Ambien controlled release is indicated for the treatment of insomnia with difficulty of sleep onset and/or sleep maintenance and it is effective up to 24 weeks in adults. In this case, the injured worker's records do not indicate any complaints regarding sleep difficulties. Without evidence that indications are met, the medical necessity of the requested Ambien controlled release 12.5 mg #60 is not established.