

Case Number:	CM14-0189836		
Date Assigned:	11/20/2014	Date of Injury:	02/09/1990
Decision Date:	01/15/2015	UR Denial Date:	11/03/2014
Priority:	Standard	Application Received:	11/13/2014

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:

This 70 year old female who reportedly sustained a work related injury on February 9, 1990 of undisclosed origin. Diagnoses include lumbar post laminectomy syndrome, cervical and lumbar fusion, bilateral lower extremity radiculopathy, depression, anxiety, myocardial infarction (MI), implant of intrathecal morphine pump and medication induced gastritis. Pain management progress note dated September 3, 3013 provided the injured worker was in mild to moderate distress and tenderness from the cervical spine to ankles. She has complaints of constant pain in throughout the spine and upper and lower extremities. She is unable to drive and can only lift 15 pounds or less. Activities of daily living (ADLs) are limited. She uses a wheelchair at times and is considered to be "very disabled". Pain management visit dated October 9, 2014 noted the injured worker pain to be 8/10 and gets 3 to 4 hours of relief with use of Norco. Physical exam revealed she continues to be in mild to moderate distress and have tenderness from the cervical spine to ankles. She has complaints of constant pain throughout the spine and upper and lower extremities. She is unable to drive and can only lift 15 pounds or less. Activities of daily living (ADLs) are limited. Also noted was a history of hospitalization related to seizures with decreases in Xanax. Due to recent changes in health status increases in Xanax and analgesics were needed and are currently being titrated back to lower levels. She is a high fall risk and uses a wheel chair. Current medications are listed as intrathecal Morphine, intrathecal Bupivacaine, Norco, Motrin, Neurontin, Trazodone, Xanax, Ambien, Prilosec and FexMid on hold. On November 3, 2014 Utilization Review determined a request dated October 27, 2014 for Ambien 10mg #30 to be non certified citing Official Disability Guidelines (ODG) that Ambien is for short term use. Application for independent medical review is dated November 13, 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

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

Decision rationale: The Medical Treatment Utilization Schedule does not specifically discuss this medication. Official Disability Guidelines/Treatment in Workers Compensation/Pain discusses insomnia treatment. This medication is indicated for short-term use up to 7-10 days. The medical records and guidelines do not provide an alternate rationale as to why this medication would be indicated on a chronic basis. This request is not medically necessary.