

Case Number:	CM14-0209939		
Date Assigned:	12/22/2014	Date of Injury:	10/10/2010
Decision Date:	03/04/2015	UR Denial Date:	12/07/2014
Priority:	Standard	Application Received:	12/15/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 work is a 57-year-old with a date of injury at 10/10/10. She is being treated for chronic low back pain and neck with upper extremity radiation symptoms. Treatment diagnoses include lumbar degenerative disc disease with bilateral L5 radiculitis and cervical degenerative disc disease as well as depression and anxiety. Treatment has included lumbar epidural steroid injections, opioid and antidepressant medication and home exercise program. Despite interventions she continues to experience constant pain and consequential depression. Request for functional restoration program evaluation was subsequently made along with continuation of Ambien for insomnia.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ambien 10mg Qty 30: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: Review of psychiatric documentation indicates that the patient has been trialed on Restoril and Klonopin for insomnia. The recommendation to return to Ambien at bedtime was based on failure of Restoril trial. The injured worker has been diagnosed with insomnia due to chronic pain. ODG guidelines indicates the use for Ambien is not recommended as a long-term sleep aid. Thus, the utilization reviewer has denied the medication for that reason. However there appears to be extenuating circumstances after review of psychiatric evaluations. Therefore medical necessity is supported base on failed attempted of alternative therapy under psychiatric care.

Functional Restoration Program Evaluation: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 49.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic pain programs Page(s): 30-32.

Decision rationale: The injured worker has been diagnosed with chronic pains secondary to neck and low back pain. Records indicate that after conservative treatment in addition to regular dose opioid medications there has been no improvement in pain or function. The patient has also been noted to develop psychological complications due to pain, namely depression and anxiety. Utilization review physician denied request for functional restoration program evaluation based on concerns for anxiety and depression as unresolved issues. Review of recent psychiatric documentation indicates the patient is making some improvement with depression and that much of her progress is impeded by numerous economic and psychosocial issues. Accordingly, all MTUS criteria of chronic pain programs has been met including addressing negative predictors of success such as psychiatric issues. Therefore request for chronic pain program evaluation is medically necessary.