

Case Number:	CM14-0066812		
Date Assigned:	07/11/2014	Date of Injury:	01/19/2001
Decision Date:	02/03/2015	UR Denial Date:	04/16/2014
Priority:	Standard	Application Received:	05/12/2014

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 Family Practice, 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:

Injured worker is a 46 year old male with date of injury 1/19/2001. The mechanism of injury is not noted. The claimant's diagnosis include intractable lumbar pain, lumbar radiculopathy and right knee tendinosis. The claimant has a history of multiple lumbar surgeries, dates not noted. MD office visit 2/25/14 states back pain reported as a constant, dull, aching pain with stiffness and spasm which radiates to lower extremities with numbness, tingling and weakness. His medications listed include Gabapentin 900 mg, Elavil 50 mg, Norco 10 mg, and Ambien 10 mg at bedtime. Terocin patches#10 and Ambien were non certified on 4/16/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ambien 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; Pain Chapter

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

Decision rationale: The CA MTUS does not specifically address this topic. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of

Workers Compensation, the Official Disability Guidelines (ODG), Pain Section was used instead. The Official Disability Guidelines state that zolpidem (Ambien) is a prescription short acting no benzodiazepine hypnotic, which is approved for short-term usually 2-6 weeks treatment of insomnia. In this case, patient has been on Ambien long term. However, there was no documentation concerning sleep improvement derived from medication use. Long-term use was likewise not recommended. Furthermore, there was no discussion concerning sleep hygiene. Therefore, the request for Ambien is not medically necessary.

Terocin patches #10: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics, non-steroidal antiinflammatory agents Page(s): 112 OF 127.

Decision rationale: Topical Analgesics largely experimental in use with few randomized controlled trials to determine efficacy or safety. Primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. The request is not reasonable as there is no documentation that there has been failure of first line therapy.