

Case Number:	CM15-0002084		
Date Assigned:	01/13/2015	Date of Injury:	06/04/2009
Decision Date:	04/16/2015	UR Denial Date:	12/11/2014
Priority:	Standard	Application Received:	01/06/2015

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 worker is a 59-year-old male who reported an injury on 06/04/2009. Mechanism of injury reportedly occurred when the injured worker opened a crate with a crowbar and heard a crack in his back falling backwards, hitting his shoulder, twisting his left knee and sustained a direct impact to the left wrist. His diagnoses included lumbar radiculopathy, lumbar facet arthropathy, bilateral knee degenerative joint disease, left wrist carpal metacarpal arthritis, right knee chondromalacia, right knee subacromial bursitis and impingement, right shoulder superior labral tear from anterior to posterior lesion with paralabral cyst formation and partial tear with focal full thickness tear of rotator cuff per magnetic resonance imaging findings, and bilateral knee degenerative joint disease. His past treatments have included medications, physical therapy to the bilateral shoulders, cervical steroid injections, and bracing. Diagnostic studies included a magnetic resonance imaging of the left shoulder performed on 04/29/2014 with findings of a supraspinatus full thickness tear, infraspinatus tendinosis, possible subscapularis partial tendon tear, biceps tendinosis versus partial tendon tear, trace tenosynovitis superior glenoid labrum tear, a superior labral tear from anterior to posterior type 1 configuration, glenohumeral joint osteoarthritis, subacromial bursitis, prominent erosions, spurs, and interosseous cystic changes involving the lateral humeral head. His surgical history was noncontributory. The injured worker presented on 12/10/2014 with complaints of gastrointestinal problems. The injured worker stated he has pain in the lower quadrant of his abdomen bilaterally for over 5 months. He further complained of bloating and constipation. The injured worker stated that he had a colonoscopy 8 to 10 years prior, but was not really sure of the results. Additionally, the injured worker has a

history of prostate cancer and was complaining of gas. Upon physical examination of the abdomen, the injured worker had tenderness in the lower quadrants of his abdomen as noted. The injured worker was given a sample of Amatiza 24 mcg by mouth twice daily as needed dispensed in the office. The treatment plan included a request for a colonoscopy. The rationale for the request was that the injured worker had a history of prostate cancer and was currently undergoing treatment. A Request for Authorization form was not provided within the documentation submitted for review for the current request.

IMR ISSUES, DECISIONS AND RATIONALES

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

Post-Operative Medication; Ambien 10 mg # 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 (ODG) Zolpidem (Ambien).

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

Decision rationale: The request for post-operative medication; Ambien 10 mg # 30 is not medically necessary. The injured worker has gastrointestinal issues and cervical and low back pain. The Official Disability Guidelines recommend Ambien for short term 7 to 10 days treatment of insomnia. The documentation submitted for review includes previous certification for postoperative use beginning 12/11/2014 ending 03/11/2015 for Ambien 10 mg #7. Furthermore, the documentation submitted for review fails to provide evidence that the injured worker has a diagnosis of insomnia. Given the above, the request as submitted fails to meet the evidence based guidelines. As such, the request for post-operative medication; Ambien 10 mg # 30 is not medically necessary.