

Case Number:	CM15-0006994		
Date Assigned:	01/26/2015	Date of Injury:	11/22/2006
Decision Date:	04/03/2015	UR Denial Date:	12/23/2014
Priority:	Standard	Application Received:	01/13/2015

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, Arizona
 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 39-year-old male who reported an injury on 11/22/2006 after an assault. The injured worker reportedly sustained an injury to his right upper extremity and experienced psychiatric symptoms. The injured worker's treatment history included physical therapy, medications, and psychological support. The injured worker's most recent clinical evaluation was documented on 11/03/2014. It was documented that the injured worker's diagnoses included post-traumatic stress disorder with depression and psychological factors affecting medical condition. Objective findings at that appointment included depression, changes in appetite, sleep disturbance, lack of motivation, and other psychological symptoms. A request was made for Ambien CR. However, no justifications for the request or Request for Authorization were submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ambien CR 12.5 mg # 30 with 2 refills: 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) Mental Illness & Stress.

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

Decision rationale: The requested Ambien CR 12.5 mg # 30 with 2 refills is not medically necessary or appropriate. California Medical Treatment Utilization Schedule does not address this medication. Official Disability Guidelines recommend short term use of Ambien to assist with restoration of sleep function related to chronic pain. The clinical documentation submitted for review does indicate that the injured worker has failed to respond to lower levels of sleep medication. However, the clinical documentation does not provide an adequate assessment of the injured worker's sleep hygiene. There is no documentation of sleep duration or number of sleep interruptions to support the need for this medication. Furthermore, the request includes 2 refills. This is well in excess of guideline recommendations. There are no exceptional factors noted to support extending treatment beyond guideline recommendations. As such, the requested Ambien CR 12.5 mg # 30 with 2 refills is not medically necessary or appropriate.