

Case Number:	CM15-0007763		
Date Assigned:	01/26/2015	Date of Injury:	04/26/2004
Decision Date:	03/25/2015	UR Denial Date:	12/15/2014
Priority:	Standard	Application Received:	01/14/2015

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 66-year-old male who reported an injury on 04/26/2004. The mechanism of injury involved heavy lifting. The current diagnoses include chronic pain syndrome, foot drop, insomnia, leg length inequality, lumbosacral neuritis, and recurrent major depressive episode. The injured worker presented on 12/31/2014 for a followup evaluation and refill of pain medication. The injured worker is noted to be status post 3 separate shoulder surgeries and 4 separate lumbar surgeries between 2002 and 2007. Upon examination, there was tenderness to palpation of the lumbar spine with limited range of motion. There was an irregular gait with dysmetria. Recommendations at that time included continuation of the current medication regimen. There was no Request for Authorization form submitted for this review.

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

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

Decision rationale: The Official Disability Guidelines recommend insomnia treatment based on etiology. Ambien is indicated for the short term treatment of insomnia with difficulty of sleep onset for 7 to 10 days. The injured worker has continuously utilized Ambien 5 mg. Guidelines do not recommend long term use of this medication. Additionally, there is no evidence of a failure to respond to nonpharmacologic treatment for insomnia prior to the initiation of a prescription product. There is also no frequency listed in the request. Given the above, the request is not medically appropriate at this time.