

Case Number:	CM15-0009002		
Date Assigned:	01/27/2015	Date of Injury:	10/19/2011
Decision Date:	03/24/2015	UR Denial Date:	12/12/2014
Priority:	Standard	Application Received:	01/15/2015

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 49-year-old male who reported an injury on 10/19/2011. The mechanism of injury was the injured worker was struck in the left cheek with a piece of pipe that broke. Prior therapies included NSAIDs and physical therapy. The injured worker underwent an MRI and a CT scan. The documentation of 12/22/2014 revealed the injured worker was complaining of pain in the left side of his head and left side of his face. The injured worker indicated the pain with medications was a 5/10 and without medications a 7/10. The injured worker indicated he had improved activity with regard to the medication. The injured worker's medications were noted to include Ambien 10 mg 1 at bedtime as needed nightly, Klonopin 0.5 mg 1 tablet daily, and Cymbalta 60 mg 60 tablets. The physical examination revealed finger to nose and rapid alternating movements were intact with no ataxia. The diagnosis was brain injury. The treatment plan included a refill of Ambien 10 mg 1 at bedtime as needed. There was a Request for Authorization submitted for review dated 12/29/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ambien 10mg #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) Pain Chapter, Zolpidem.

Decision rationale: The Official Disability Guidelines indicate that Ambien is for the short term use for insomnia treatment, for up to 10 days. The clinical documentation submitted for review indicated the injured worker had utilized the medication for an extended duration of time. There was a lack of documentation of exceptional factors to warrant nonadherence to guideline recommendations. The efficacy of the medication was not provided. The request as submitted failed to indicate the frequency for the requested medication. Given the above, the request for Ambien 10mg #30 is not medically necessary.