

Case Number:	CM15-0107636		
Date Assigned:	06/12/2015	Date of Injury:	12/31/2004
Decision Date:	07/13/2015	UR Denial Date:	05/04/2015
Priority:	Standard	Application Received:	06/04/2015

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: Emergency Medicine

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 (IW) is a 70 year old male who sustained an industrial injury on 12/31/2004. He reported an injury to the low back. The injured worker was diagnosed as having multilevel cervical disc disease, and status post L2-L5 decompression (02/23/2015); right shoulder impingement syndrome with acromioclavicular joint pain and possible rotator cuff tearing/adhesive capsulitis; left lateral epicondylitis; right hip pain; right sided plantar fasciitis; left sided calcaneal fat pad pain and plantar fasciitis; and chronic pain with mixed anxiety and depressed mood. Treatment to date has included surgery, physical therapy and medications. Currently (04/03/2015), the injured worker complains of back and leg pain, bilateral shoulder pain, left elbow pain left forearm pain, and burning bilateral foot pain that radiates to the toes. Surgical scarring is present on the lumbar spine, toe walk is normal and heel walk is abnormal, there is tenderness over the paraspinous musculature of the lumbar spine and he has muscle spasm present bilaterally. He has spasm on range of motion and decreased sensation on the L5 dermatome bilaterally, greater on the right than on the left. Motor exam is normal. Reflexes of the knee and ankle are normal, there is no sacroiliac tenderness noted on compression and sciatic nerve compression is negative. Straight leg raise test is positive on the right. The treatment plans include a request for four-view x-rays of the lumbar spine, a plan to start physical therapy for the lumbar spine for six visits, and a request for authorization was made for Ambien 10 mg Qty 30.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ambien 10 mg Qty 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(Chronic), (Insomnia Treatment).

Decision rationale: There is no specific section in the MTUS chronic pain or ACOEM guidelines that relate to this topic. Ambien is a benzodiazepine agonist approved for insomnia. As per ODG guidelines, it recommends treatment of underlying cause of sleep disturbance and recommend short course of treatment. Long term use may lead to dependency. There is nothing documented concerning insomnia or sleep issues except that patient need ambien for sleep problem. There is no documentation of other conservative attempts at treatment of sleep disturbance or sleep studies. The prescription is excessive and not consistent with short term use. Ambien is not medically necessary.