

Case Number:	CM15-0016941		
Date Assigned:	02/05/2015	Date of Injury:	03/07/2011
Decision Date:	05/06/2015	UR Denial Date:	01/16/2015
Priority:	Standard	Application Received:	01/29/2015

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, District of Columbia, Maryland
 Certification(s)/Specialty: Anesthesiology, Pain Management

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 55-year-old male who sustained an industrial injury on 03/07/11. Initial complaints and diagnoses are not available. Treatments to date include spinal fusion, home exercise program, and medications. Diagnostic studies include x-rays. Current complaints include lumbar spine pain. In a progress note dated 12/22/14 the treating provider reports the plan of care as homecare, gym membership with pool access, pain management consultation, and medications to include Voltaren, Topomaz, Norco, Prilosec, and Ambien. The requested treatments are Ambien and home care 12 hours/day, 7 days/week, for 6 weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Continued home care 12 hrs/day; 7 days/week; for 6 weeks, Lower Back: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Home Health Services.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Home Health Services Page(s): 51.

Decision rationale: The California MTUS guidelines support home health services for medical treatment for patients who are homebound, on a part-time or "intermittent" basis, generally up to no more than 35 hours per week. Medical treatment does not include homemaker services like shopping, cleaning, and laundry, and personal care given by home health aides like bathing, dressing, and using the bathroom when this is the only care needed. Review of the available medical records does not provide any documentation to indicate that the injured employee is truly homebound or has any current medical issues that might require homecare. This request is not medically necessary.

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 (ODG), Pain chapter; Zolpidem (Ambien [generic available], Ambien CR).

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

Decision rationale: The Official Disability Guidelines recommends that usage of Ambien be limited to six weeks time as there is concern that it can be habit-forming and may impair function and memory. There is also concern that it may actually increase pain and depression over the long-term. A review of the attached medical record indicates that this medication has been prescribed for an extended period of time. As such, this request for Ambien is not medically necessary.