

Case Number:	CM15-0131999		
Date Assigned:	07/20/2015	Date of Injury:	02/22/2012
Decision Date:	08/21/2015	UR Denial Date:	06/12/2015
Priority:	Standard	Application Received:	07/08/2015

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, Texas

Certification(s)/Specialty: Psychiatry, Geriatric Psychiatry, Addiction Psychiatry

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 52 year old male who sustained an industrial injury on 02/22/12. He sustained fractures of the left pelvic, left patella, left foot, and left hip dislocation. He was treated surgically and conservatively, and received CBT. He ambulates with a four-wheel walker and cannot stand for any length of time due to left leg weakness. He has complaints of left hip, left pelvis, left knee and left foot pain. A psychosocial evaluation of 01/06/14 shows diagnoses of major depressive disorder single episode severe, PTSD, and insomnia due to mental disorder. At that time, he was on Prozac, Ambien, and Trazodone. No recent records were provided with clinical information. UR of 06/12/15 noncertified this request.

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 (ODG).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation CA-MTUS does not reference Ambien. Official Disability Guidelines Mental Illness & Stress Zolpidem.

Decision rationale: The patient was diagnosed with insomnia in 2014 and has been on Ambien since at least 01/06/14. Guidelines state that Ambien is approved for short-term use in insomnia, 2-6 weeks. Clearly, this has exceeded guidelines. No current documentation has been provided regarding the patient's current sleep difficulties, and what efficacy the Ambien has had. This request is not medically necessary.