

Case Number:	CM15-0168151		
Date Assigned:	09/09/2015	Date of Injury:	05/05/2006
Decision Date:	10/14/2015	UR Denial Date:	08/14/2015
Priority:	Standard	Application Received:	08/26/2015

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: Texas, New York, California
 Certification(s)/Specialty: Preventive Medicine, Occupational 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 applicant is a represented [REDACTED] ([REDACTED]) beneficiary who has filed a claim for psychological stress, abdominal pain, insomnia, and hiatal hernia reportedly associated with an industrial injury of June 5, 2015. In a Utilization Review report dated July 21, 2015, the claims administrator partially approved a request for Ambien. The claims administrator referenced an RFA form and an associated progress note of July 7, 2015 in its determination. The applicant's attorney subsequently appealed. On said July 7, 2015 office visit, the applicant reported issues with insomnia and reflux. The applicant was on Ambien and Lexapro, it was reported. The applicant was reportedly visibly fatigued, anxious, depressed, and tearful. Ambien and Dexilant were endorsed while the applicant was placed off of work, on total temporary disability. The request for Ambien was framed as a renewal request for the same.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral knee ultrasound guided cortisone injection: Upheld

Claims Administrator guideline: Decision based on MTUS Knee Complaints 2004. Decision based on Non-MTUS Citation www.ncbi.nlm.gov/pubmed/22030948; Phys Supports med. 2001 Sep; 39(3); 121-31. doi: 10.3810/psm.2011.09.1928. Ultrasound versus anatomic guidance for intra-articular and periarticular injection; a systematic review.

MAXIMUS guideline: Decision based on MTUS Knee Complaints 2004, Section(s): Initial Care. Decision based on Non-MTUS Citation ACOEM Occupational Medicine Practice Guidelines, 3rd ed., Knee Disorders, pg. 704 Intra-Articular Glucocorticosteroid Injections. These injections are generally performed without fluoroscopic or ultrasound guidance.

Decision rationale: No, the request for Ambien, a sedative agent, was not medically necessary, medically appropriate, or indicated here. The MTUS Guideline in ACOEM Chapter 3, page 47 stipulates that an attending provider incorporate some discussion of 'efficacy of medication' for the particular condition for which it has been prescribed into his choice of recommendations so as to ensure proper use and so as to manage expectations. The Food and Drug Administration (FDA) notes that Ambien is indicated in the short-term treatment of insomnia, for up to 35 days. Here, thus, the renewal request for Ambien 12.5 mg #30 with two refills, thus, in effect, represented treatment well in excess of that suggested on the FDA label. In a similar vein, ODG's Mental Illness and Stress Chapter Zolpidem topic also notes that Ambien is not recommended for long-term use purposes but, rather, should be reserved for short-term use purposes. Here, thus, the request was at odds with both FDA and ODG positions on the article at issue. Therefore, the request was not medically necessary.