MAXIMUS Federal Services

Case Number:	CM15-0209339		
Date Assigned:	10/28/2015	Date of Injury:	01/02/2015
Decision Date:	12/15/2015	UR Denial Date:	10/20/2015
Priority:	Standard	Application Received:	10/23/2015

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: Pennsylvania
Certification(s)/Specialty: Internal Medicine, Hospice & Palliative 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 is a 59 year old male who sustained an industrial injury on 1-12-2015. A review of medical records indicates the injured worker is being treated for cerebral hemorrhage, headaches, hearing loss, blurred vision, and dizziness. Medical records dated 10-7-2015 noted vertigo and diplopia. There was decreased in the right ear and increased tinnitus in the left ear keeping him awake at night. He complained of insomnia and headaches. Dizziness, gets headaches when he bends over, he has to sleep on the side. There was blurred vision and constant cervical spine pain with lower back pain. Physical examination noted severe headaches, intracranial hemorrhage. MRI dated 4-30-2015 unidentified bright objects consistent with traumatic brain injury. Treatment has included Zolpidem since at least 10-7-2015. Utilization review form dated 10-20-2015 noncertified Zolpidem 10mg #30 and computer visual field test.

IMR ISSUES, DECISIONS AND RATIONALES

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

Zolpidem 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, Pain.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Schutte-Rodin S, et al. Clinical guideline for the evaluation and management of chronic insomnia in adults. J Clin Sleep Med. Oct 15 2008; 4(5): 487-504. (American Academy of Sleep Medicine (AASM) Guideline).Chawla J, et al. Reference Topic Insomnia, Medscape. http://emedicine.medscape.com/article/1187829-overview#aw2aab6b2b2. Accessed 12/06/2015.Bonnet MH, et al. Treatment of Insomnia, Topic 7691, Version 46.0. UpToDate. Accessed 12/06/2015.

Decision rationale: Ambien (zolpidem) is a medication used to treat some sleep problems. The MTUS Guidelines are silent on this issue in this clinical situation. The 2008 AASM Guideline and the literature stress the importance of a thorough history in order to establish the type and evolution of insomnia, perpetuating factors, and pertinent concurrent issues. Monitoring data from a sleep diary before and during active treatment is strongly encouraged. Treatment goals should be aimed at improving both the quality and quantity of sleep as well as decreasing daytime impairments. Initial treatment should include at least one behavioral intervention, and all patients should adhere to rules of good sleep hygiene in combination with other therapies. When long-term treatment with medication is needed, consistent follow up, ongoing assessments of benefit, monitoring for adverse effects and evaluation of new or exacerbative issues should occur. Ambien (zolpidem) is indicated for short-term treatment of insomnia in which initially falling asleep has become challenging. It is not approved for long-term use. There was no documented sleep assessment containing the majority of the elements recommended by the literature, report indicating how often the member used zolpidem or detailed description of benefit with the use of this medication. In the absence of such evidence, the current request for thirty tablets of Ambien (zolpidem) 10mg is not medically necessary. While the Guidelines support the use of an individualized taper to avoid withdrawal effects, the risks of continued use significantly outweigh the benefits in this setting based on the submitted documentation, and a wean should be able to be completed with the medication available to the worker.

Computer visual field test 10/15/15: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Head.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Visual field, MedLine Plus. https://www.nlm.nih.gov/medlineplus/ency/article/003879.htm, accessed 12/11/2015.Leveque T, et al. Approach to the adult with acute persistent visual loss. Topic 6902, version 208.0. UpToDate, accessed 12/11/2015.

Decision rationale: Visual field testing involves examining the areas a person can see, both the direction the eyes are pointing ("central vision") and the areas around it ("peripheral vision"). The MTUS Guidelines are silent on this issue. The submitted and reviewed documentation indicated the worker was experiencing decreased hearing with the right ear, increased "ringing" in the left ear, problems sleeping, headaches with dizziness, blurred vision, upper and lower back pain, and an episode of vertigo (a type of dizziness) with double vision. These records reported the worker had a known loss of vision in a part of the worker's visual field. There was

no discussion detailing a change or worsening of the field loss or describing special circumstances that sufficiently supported this request. In the absence of such evidence, the current request for computer visual field testing for the date of service 10/15/2015 is not medically necessary.