

Case Number:	CM15-0209444		
Date Assigned:	10/28/2015	Date of Injury:	08/25/1998
Decision Date:	12/10/2015	UR Denial Date:	10/06/2015
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: New Jersey

Certification(s)/Specialty: Family Practice

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 77 year old male, who sustained an industrial injury on August 25, 1998. The initial symptoms reported by the injured worker are unknown. The injured worker was diagnosed as having post-concussion syndrome and thoracic or lumbosacral neuritis or radiculitis. Treatment to date has included diagnostic studies and medication. On September 24, 2015, the injured worker complained of intermittent back pain rated a 5-6 on a 1-10 pain scale. As a result of his head injury, he was noted to have memory issues. Objective findings included a positive straight leg raising test on the right with an L5-S1 distribution. He was noted to still be waiting to have his epidural, which had been approved. There were no complaints of sleep issues. The treatment plan included Tramadol, Norco, Midrin, ibuprofen, Flexeril, Nortriptyline, Sumatriptan, Ambien and Aricept. On October 6, 2015, utilization review denied a request for Ambien 10mg #30. A request for Aricept 23mg #30 was authorized.

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 (ODG).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Illness section, sedative hypnotics and the Pain section, insomnia treatment.

Decision rationale: The MTUS Guidelines do not address the use of sedative hypnotics. However, the ODG states that sedative hypnotics are not recommended for long-term use, but may be considered in cases of insomnia for up to 6 weeks duration in the first two months of injury only in order to minimize the habit-forming potential and side effects that these medications produce. In the case of this worker, it appears that Ambien 10 mg was used regularly for more than the recommended duration of use, and as chronic continuation of this drug class is not recommended, this request for Ambien 10 mg #30 is not medically necessary. Weaning may be indicated.