

Case Number:	CM15-0022028		
Date Assigned:	02/11/2015	Date of Injury:	09/13/2006
Decision Date:	04/06/2015	UR Denial Date:	01/07/2015
Priority:	Standard	Application Received:	02/05/2015

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, New York, Florida

Certification(s)/Specialty: Internal Medicine, Pulmonary Disease, Critical Care 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 53-year-old male who reported an injury on 09/13/2006. The injured worker reportedly suffered a low back strain while kneeling down and repairing a roof. The current diagnoses include status post lumbar fusion, status post lumbar revision decompression, left knee prepatellar bursitis, left knee strain and contusion, right knee chondromalacia, right knee medial meniscus tear, right knee sprain/strain, right knee status post partial meniscectomy on 07/25/2014, right knee status post arthroscopy with meniscectomy and debridement on 09/06/2013, diabetes, hypertension, stress, anxiety and depression. The injured worker presented, on 01/07/2015, for a followup evaluation regarding ongoing low back pain. The injured worker presented with complaints of low back pain with reduced range of motion, as well as right knee pain. Upon examination of the lumbar spine, there was tenderness to palpation over the L3-S1 levels, bilateral sciatic notch tenderness, pain with flexion and extension, and decreased sensation in the right lower extremity. Examination of the bilateral knees revealed tenderness to palpation over the medial joint line on the right, tenderness over the iliotibial band on the left and slight swelling of the left prepatellar bursa. Recommendations at that time included continuation of the current medication regimen. A Request for Authorization form was submitted on 01/12/2015 for Prilosec 20 mg and Ambien 10 mg.

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 cite any medical evidence for its decision.

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

Decision rationale: The Official Disability Guidelines recommend insomnia treatment based on etiology. Ambien is indicated for the short term treatment of insomnia with difficulty of sleep onset for 7 to 10 days. In this case, there was no documentation of a failure of nonpharmacologic treatment for insomnia prior to the initiation of Ambien 10 mg. The request as submitted also failed to indicate a frequency. Therefore, the request is not medically appropriate at this time.