

<b>Case Number:</b>	CM15-0031878		
<b>Date Assigned:</b>	02/25/2015	<b>Date of Injury:</b>	01/01/1979
<b>Decision Date:</b>	04/20/2015	<b>UR Denial Date:</b>	01/21/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/20/2015

### 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  
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 58-year-old female who reported an injury on 03/23/2004. The mechanism of injury was not specifically stated. The current diagnoses include chronic pain, sprain/strain, depression, and apnea. The injured worker presented on 12/17/2014 for a re-evaluation with complaints of persistent pain. It was noted that the injured worker had been unable to return to work. The provider indicated there was no change in physical examination or function. The injured worker was participating in an in home exercise program. The current medication regimen includes glucosamine/chondroitin and Ambien 5 mg. Recommendations include a continuation of the current medication regimen. A Request for Authorization form was then submitted on 12/17/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Ambien 5mg #60 with 2 refills QTY: 180.00:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Work Loss Data Institute, ODG Treatment in Workers Compensation, 9th edition, 2012 Pain Chapter Treatment for Insomnia.

**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. The injured worker has continuously utilized the above medication for an unknown duration. There is no mention of functional improvement despite the ongoing use of this medication. There was also no mention of a failure nonpharmacologic treatment or insomnia prior to the initiation of a prescription product. Guidelines do not support long term use of hypnotic medication. Therefore, the request as submitted for Ambien 5 mg with 2 refills would not be supported. There was also no frequency listed in the request. As such, the request is not medically appropriate in this case.

**Glucosamine HCL 150mg #60 with 4 refills; QTY: 300.00:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 50.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 50.

**Decision rationale:** California MTUS Guidelines state glucosamine and chondroitin sulfate are recommended as an option given their low risk in patients with moderate arthritis pain, especially for knee osteoarthritis. In this case, the injured worker does not maintain a diagnosis of osteoarthritis. The injured worker has utilized the above medication for an unknown duration without any documentation of objective functional improvement. The request as submitted also failed to indicate a frequency. Given the above, the request is not medically appropriate.

**Clondroitin 1200mg #60 with 4 refills QTY: 300.00:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 50.

**Decision rationale:** California MTUS Guidelines state glucosamine and chondroitin sulfate are recommended as an option given their low risk in patients with moderate arthritis pain, especially for knee osteoarthritis. In this case, the injured worker does not maintain a diagnosis of osteoarthritis. The injured worker has utilized the above medication for an unknown duration without any documentation of objective functional improvement. The request as submitted also failed to indicate a frequency. Given the above, the request is not medically appropriate.