

Case Number:	CM15-0046175		
Date Assigned:	03/18/2015	Date of Injury:	06/28/2000
Decision Date:	04/24/2015	UR Denial Date:	02/26/2015
Priority:	Standard	Application Received:	03/11/2015

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, Pain Management

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 73 year old male who sustained an industrial injury on 06/28/2000. Current diagnoses include degenerative cervical intervertebral disc, spinal stenosis, causalgia of upper limb, degenerative lumb/lumbosac intervertebral disc, reflex sympathetic dystrophy upper limb, and unequal leg strength. Previous treatments included medication management, left arm reconstructive surgery x3, heat/ice, and massage. Diagnostic studies included urine toxicology screenings. Report dated 12/22/2014 noted that the injured worker presented with complaints that included left hand/wrist pain. Pain level was rated as 3 out of 10 on the visual analog scale (VAS). Physical examination was positive for abnormal findings. Current medication regimen includes allopurinol, lisinipril, finasteride, azithromycin, Mucinex DM, zolpidem, Neurontin, and Percocet. The treatment plan included continuation on current medications, and request for authorizations of Percocet, zolpidem, and Neurontin.

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.

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 & Mental Illness and Stress Chapter, Insomnia Topics.

Decision rationale: Regarding the request for Ambien, California MTUS guidelines are silent regarding the use of sedative hypnotic agents. ODG recommends the short-term use (usually two to six weeks) of pharmacological agents only after careful evaluation of potential causes of sleep disturbance. They go on to state the failure of sleep disturbances to resolve in 7 to 10 days, may indicate a psychiatric or medical illness. Within the documentation available for review, there is a indication that the use of Ambien has exceeded to 6 week time frame recommended by guidelines, as the patient has been on Ambien since at least February 7, 2014. Additionally, there is a lack of documentation of non-pharmacologic approaches to insomnia management, which are recommended as first line per ODG. Given this, the currently requested Ambien is not medically necessary.