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| Case Number: | CM15-0049654 | | |
| Date Assigned: | 03/23/2015 | Date of Injury: | 11/19/2007 |
| Decision Date: | 05/01/2015 | UR Denial Date: | 02/18/2015 |
| Priority: | Standard | Application Received: | 03/16/2015 |

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: Texas, California
 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:

This is a 50 year old female patient who sustained an industrial injury to the right lower extremity on 11/19/07. Current diagnoses included right ankle and foot reflex sympathetic dystrophy and aseptic necrosis of the talus. She sustained the injury while large case of green beans slipped from her hand and struck her right foot and ankle. Per the PR-2 dated 1/28/15, she had complained of ongoing right lower extremity hypersensitivity and pain. The physical examination revealed no significant changes. The medications list includes Norco, Relafen, Ambien and Lyrica. In an agreed medical evaluation dated 3/18/14, she had complained of ongoing sleep difficulties and the physician recommended a sleep apnea test. She has undergone right foot tarsal tunnel release on 7/28/2010.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ambien 5mg #60: 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 (Chronic).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (updated 04/06/15) Zolpidem (Ambien).

Decision rationale: Request: Ambien 5mg #60 Ambien contains Zolpidem which is a short-acting non benzodiazepine hypnotic. It is approved for short-term use only. CA MTUS does not specifically address this request. Per ODG guidelines, "Zolpidem is a short-acting non benzodiazepine hypnotic, which is approved for the short-term (usually two to six weeks) treatment of insomnia. While sleeping pills, so-called minor tranquilizers, and anti-anxiety agents are commonly prescribed in chronic pain, pain specialists rarely, if ever, recommend them for long-term use. They can be habit-forming, and they may impair function and memory more than opioid pain relievers. There is also a concern that they may increase pain and depression over the long-term". A trial of other non pharmacological measures for treatment of insomnia is not specified in the records provided. In addition, zolpidem is approved for short-term use only. The request of Ambien 5mg #60 is not medically necessary.