MAXIMUS Federal Services

Case Number:	CM15-0086767		
Date Assigned:	05/11/2015	Date of Injury:	05/14/2010
Decision Date:	06/11/2015	UR Denial Date:	04/13/2015
Priority:	Standard	Application Received:	05/05/2015

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: New York, West Virginia, Pennsylvania
Certification(s)/Specialty: Emergency 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 58 year old female, who sustained an industrial injury on May 14, 2010, incurring injuries to the left ankle and right foot after a slip and fall. She was diagnosed with a left ankle fracture and right metatarsal fracture and right navicular fracture. Treatment included an open reduction internal fixation of the left ankle, physical therapy, acupuncture, pain medications, and topical analgesics. Currently, the injured worker complained of persistent left ankle pain with numbness and tingling into the foot. She had episodes of weakness and loss of balance. The pain and discomfort has enabled many activities of living and self-hygiene. She has not worked since the date of injury. Her sleep had been affected by the constant pain. The treatment plan that was requested for authorization included prescriptions for Bupropion HCL and Zolpidem.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bupropion HCL 100 mg #60: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official medical fee schedule, http:www.dir.ca.gov/t8/ch4_5_5_2.html.

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.

Decision rationale: Guidelines indicate that bupropion may be efficacious in neuropathic pain but not in non-neuropathic chronic low back pain. The clinical information provided fails to indicate the results the patient has had with pain relief or if there is functional improvement while taking this medication. The request for bupropion 100 mg #60 is not medically necessary.

Zolpidem Tartrate 10 mg #30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation http:www.dir.ca.gov/t8/ch4_5_5_2.html.

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

Decision rationale: Guidelines recommend zolpidem for short term treatment of insomnia. In this case, zolpidem has been used beyond the short term and documentation is lacking as to reasons to exceed guideline requirements. The request for zolpidem 10 mg #30 is not medically necessary.