

Case Number:	CM15-0087363		
Date Assigned:	05/11/2015	Date of Injury:	05/07/2002
Decision Date:	06/10/2015	UR Denial Date:	04/14/2015
Priority:	Standard	Application Received:	05/06/2015

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: Arizona, 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:

The 55-year-old male injured worker suffered an industrial injury on 05/07/2002. The diagnoses included partial lumbar fusion, lumbar disc degeneration, failed back surgery syndrome, depression and chronic pain. The diagnostics included lumbar magnetic resonance imaging. The injured worker had been treated with surgery and medications. On 2/27/2015, the treating provider reported. On exam there were spasms note in the lumbar muscles with tenderness with severely limited range of motion. There was decreased strength of the bilateral lower extremities with diminished lower extremity reflexes. The straight leg raise was positive. There was tenderness to the bilateral shoulders with moderate swelling. The treatment plan included Ambien and Naloxone HCL.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ambien 10 Mg Tablet SIG; 1 at night for 30 days as needed for insomnia Qty: 30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Pain Chapter.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG- pain guidelines - insomnia and pg 64.

Decision rationale: The MTUS guidelines do not comment on insomnia. According to the ODG guidelines, insomnia medications recommend that treatment be based on the etiology, with the medications. Pharmacological agents should only be used after careful evaluation of potential causes of sleep disturbance. Failure of sleep disturbance to resolve in a 7 to 10 day period may indicate a psychiatric and/or medical illness. Primary insomnia is generally addressed pharmacologically. Secondary insomnia may be treated with pharmacological and/or psychological measures. Zolpidem (Ambien) is indicated for the short-term treatment of insomnia with difficulty of sleep onset (7-10 days). In this case, the claimant had used the medication for several months. The etiology of sleep disturbance was not defined or further evaluated. Continued use of Zolpidem (Ambien) is not medically necessary.

Naloxone HCL 0.4mg, Evzio Syringe times 2 SKI: use as directed Qty: 1 dispense #1 emergency kit: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Pain Chapter.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opioids Page(s): 82-92.

Decision rationale: According to the guidelines, Naloxone is use for opioid withdrawal effects and reversing the overdose of opioids. It should be administered under the supervision of a physician. In this case, the claimant had an emergency visit for complications related to opioid use and has had issues with getting opioids approved. However, the physician did prescribe additional Norco and there is no indication to manage acute withdrawal or overdose even on an emergency basis the claimant can go to the ED. The Naloxone is not medically necessary.