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| Case Number: | CM15-0088178 | | |
| Date Assigned: | 05/12/2015 | Date of Injury: | 09/06/2002 |
| Decision Date: | 06/23/2015 | UR Denial Date: | 05/04/2015 |
| Priority: | Standard | Application Received: | 05/07/2015 |

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, Florida

Certification(s)/Specialty: Anesthesiology, 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 68-year-old female, who sustained an industrial injury on 9/6/2000. Initial complaints were not reviewed. The injured worker was diagnosed as having chronic neck pain; left Dupuytren's contracture; chronic pain syndrome with depression. Treatment to date has included TENS unit; cervical traction; urine drug screening; medications. Diagnostics included x-rays right hand/thumb (4/9/09). Currently, the PR-2 notes dated 1/29/15 indicated the injured worker complains of she has good days and bad days. Ambien helps her sleep but with morning grogginess. There is no documentation of on psychotherapy but Ativan and Paxil help the injured workers mood. She has elevated neck pain, with persistent numbness to both hands with weakness and pain. Celebrex and Biofreeze help pain. A TENS unit and cervical traction unit help with daily function. Amitiza helps control medications-related constipation. The provider notes she still gets headaches. She does regular contrast baths to help her hands but experiences persistent pain in the right index finger and right hand. She also has continued finger swelling and left shoulder pain and continued right collarbone pain. The provider notes a right hand and thumb x-ray dated 4/9/09 with the impression of mild degenerative joint disease 1st MCP and DIP joints, small subchondral cyst 1st distal metacarpal, prominent degenerative joint disease 2nd PIP and DIP joints, medial osteophyte, mild degenerative joint disease right first DIP joint. The provider has requested Ambien Controlled Release 6.25mg quantity 60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ambien Controlled Release 6.25mg quantity 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, Zolpidem (Ambien).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 Page(s): 24. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter Mental Illness and stress.

Decision rationale: The CA MTUS and the ODG guidelines recommend that the use of sleep medications in the treatment of insomnia be limited to short periods of less than 4 week. The chronic use of sleep medications can be associated with the development of tolerance, sedation, daytime somnolence, addiction and adverse interactions with other sedative medications. The records indicate that the patient is utilizing sleep medication and multiple sedative medications concurrently. The criteria for the use-controlled release Ambien 6.25mg #30 were not met. Therefore, the request is not medically necessary.