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| Case Number: | CM15-0241016 | | |
| Date Assigned: | 12/18/2015 | Date of Injury: | 04/18/2015 |
| Decision Date: | 01/29/2016 | UR Denial Date: | 12/04/2015 |
| Priority: | Standard | Application Received: | 12/10/2015 |

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, New York, California
 Certification(s)/Specialty: Preventive Medicine, Occupational 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 applicant is a represented [REDACTED] beneficiary who has filed a claim for chronic low back pain (LBP) reportedly associated with an industrial injury of April 18, 2015. In a Utilization Review report dated December 4, 2015, the claims administrator failed to approve a request for Ambien. A November 19, 2015 office visit was referenced in the determination. The applicant's attorney subsequently appealed. On July 14, 2015, the applicant was placed off of work, despite receipt of osteopathic manipulative therapy in the clinic. Percocet and Soma were endorsed. The applicant was asked to consult a spine surgeon. On an RFA form dated November 24, 2015, Duexis, Flexeril, Ambien, Norco, and a lumbar laminectomy-discectomy procedure were endorsed, seemingly without much in the way of supporting rationale or supporting commentary. On an associated November 19, 2015 spine surgery consultation, the applicant was described as having ongoing issues with low back pain with associated right lower extremity radicular pain complaints. The applicant was using OxyContin, Soma, and diclofenac. Authorization was sought for lumbar spine surgery. There was no explicit mention of the need for Ambien on said 11- page progress note.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ambien 10mg #14: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Zolpidem (Ambien).

MAXIMUS guideline: Decision based on MTUS General Approaches 2004, Section(s): Initial Approaches to Treatment. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Illness & Stress, Zolpidem (Ambien).

Decision rationale: No, the request for Ambien was not medically necessary, medically appropriate, or indicated here. The MTUS Guideline in ACOEM Chapter 3, page 47 stipulates that an attending provider incorporate some discussion of efficacy of medication for the particular condition for which it is being prescribed into his choice of recommendations so as to ensure proper usage and so as to manage expectations. Here, however, neither the attending provider's November 19, 2015 office visit nor the attending provider's November 24, 2015 RFA form clearly stated or clearly articulated why Ambien (Zofran) had been prescribed. While ODG's Mental Illness and Stress Chapter Zolpidem topic acknowledges that Ambien is recommended for short-term use purposes, for insomnia, here, however, there was no explicit mention of the applicant's having issues with insomnia on the November 19, 2015 office visit in question. Therefore, the request was not medically necessary.