

Case Number:	CM14-0131584		
Date Assigned:	08/20/2014	Date of Injury:	07/25/2009
Decision Date:	10/10/2014	UR Denial Date:	07/24/2014
Priority:	Standard	Application Received:	08/18/2014

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. The expert reviewer is Board Certified in Internal Medicine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 53 year old male who sustained an injury on 07/25/09 when he slipped and fell at work. The injured worker developed complaints of headaches as well as pain in the knees and ankles. There is an extensive history of medication use for the injured worker. No surgical history was noted. The injured worker had utilized Ativan and Ambien for an extended period of time. The injured worker was prescribed Ambien CR 12.5mg #30 and Ativan 2mg #60 on 01/06/14. This clinical report was not available for review. The requested medications to include Ambien and Ativan prescribed on 01/06/14 was denied by utilization review on 07/24/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retro: ambien CR 12.5mg #30 DOS: 1/6/14 to 1/6/14: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Mental Illness & Stress

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

Decision rationale: In regards to the request for Ambien 12.5mg #30 prescribed on 01/06/14, this reviewer would not have recommended this request as medically necessary. No clinical report from the date of service 01/06/14 was available for review providing a rationale regarding the use of this medication. Given that Ambien is not recommended for long-term use and there is insufficient rationale to support continuing of this prescription as of 01/06/14, therefore the request is not medically necessary.

Retro: ativan 2mg #60 DOS: 1/6/14 to 1/6/14: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24.

Decision rationale: In regards to the request for Ativan 2mg quantity 30 prescribed on 01/06/14, this reviewer would not have recommended this request as medically necessary. No clinical report from the date of service 01/06/14 was available for review providing a rationale regarding the use of this medication. Given that Ativan is not recommended for long-term use and there is insufficient rationale to support continuing of this prescription as of 01/06/14, therefore the request is not medically necessary.