MAXIMUS Federal Services

Case Number:	CM14-0143428		
Date Assigned:	09/10/2014	Date of Injury:	12/18/2000
Decision Date:	10/14/2014	UR Denial Date:	08/26/2014
Priority:	Standard	Application Received:	09/04/2014

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 Physical Medicine & Rehabilitation and is licensed to practice in California and Washington. 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 69-year-old male who reported an injury on 12/18/2000, while climbing up a hill in the snow on an investigation when he slipped and injured his left knee. Past treatments were many medications, physical therapy and spinal cord stimulator. Surgical history included 2 arthroscopic procedures for the left knee, 2 exploratory decompressions of the peroneal nerve and implantation of spinal cord stimulator. Physical examination on 08/18/2014, revealed that the injured worker suffered chronic neuropathic pain in the left leg as a complication of surgery. The injured worker was unable to get his spinal cord stimulator to work properly. It was reported he was able to get stimulation in the left peroneal nerve distribution. It was also reported that the spinal cord stimulator no longer provided relief, just an irritating stimulation in the distribution of the peroneal nerve. Worst pain score was a 6/10, least pain score was a 2/10. Sleep pattern was reported as the same. Medications were aspirin, Ambien, Norco, pravastatin, Advil, lisinopril and Lasix. Range of motion for the left knee was limited. Treatment plan was for medications as directed. The rationale and Request for Authorization were not submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ambien 5mg #20: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES-

TREATMENT FOR WORKERS' COMPENSATION- INTEGRATED TREATMENT/DIABILITY DURATION GUIDELINES- PAIN (CHRONIC)-PAGE 142

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

Decision rationale: The Official Disability Guidelines (ODG) state that Zolpidem is a prescription short acting nonbenzodiazepine hypnotic, which is approved for the short term, usually 2 to 6 weeks, treatment of insomnia. Proper sleep hygiene is critical to the individual with chronic pain and often is hard to obtain. Various medications may provide short term benefit. While sleeping pills, so called minor tranquilizers, and antianxiety agents are commonly prescribed in chronic pain, pain specialists rarely, if ever, recommend them for long term use. They can be habit forming and they may impair function and memory more than opioid pain relievers. There is also a concern that they may increase pain and depression over the long term. Cognitive behavioral therapy should be an important part of an insomnia treatment plan. The efficacy of this medication was not reported. Also, the request does not indicate a frequency for the medication. The clinical documentation submitted for review indicates that the injured worker has been on this medication for an extended duration of time. Therefore, the request for Ambien 5 mg #20 is not medically necessary and appropriate.