

Case Number:	CM14-0085902		
Date Assigned:	07/23/2014	Date of Injury:	08/29/2008
Decision Date:	10/01/2014	UR Denial Date:	05/28/2014
Priority:	Standard	Application Received:	06/09/2014

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 and Rehabilitation and is licensed to practice in Nevada. 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 records, presented for review, indicate that this 40-year-old male was reportedly injured on 8/29/2008. The mechanism of injury was noted as a fall through a skylight. The most recent progress notes, dated 6/16/2014 and 7/23/2014, indicated that there were ongoing complaints of low back and lower extremity pains. Physical examination demonstrated multiple surgical scars over the ankles bilaterally. Left foot range of motion was decreased in dorsi-plantar flexion and appeared fused in a pronated position. Skin about the distal left leg was shiny and thin but not hypersensitive and without hair growth on the distal leg. No recent diagnostic imaging studies available for review. Previous treatment included multiple lower extremity surgeries status post heat/ankle fractures, lumbar spine surgery in 2009 and 2011, and medications to include Duragesic patches, Norco, Effexor and amitriptyline. A request had been made for zolpidem tartrate 10mg #60, which was not certified in the utilization review on 5/28/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Zolpidem Tartrate 10mg, #60: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment. Decision based on Non-MTUS Citation Official Disability Guidelines, Stress & Mental Illness Chapter

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) - TWC/ODG Integrated Treatment/Disability Duration Guidelines; Pain (Chronic) - Ambien (updated 09/10/14).

Decision rationale: MTUS/ACOEM practice guidelines do not address this request; therefore ODG was used. Zolpidem (Ambien) is a prescription short-acting non-benzodiazepine hypnotic, which is approved for the short-term (usually two to six weeks) treatment of insomnia. The guidelines do not support Ambien for the treatment of chronic pain. The most recent progress notes indicate that the claimant is sleeping well with amitriptyline. As such, this request is not medically necessary.