

Case Number:	CM14-0212959		
Date Assigned:	12/30/2014	Date of Injury:	06/18/2013
Decision Date:	02/19/2015	UR Denial Date:	11/24/2014
Priority:	Standard	Application Received:	12/19/2014

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. 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: Maryland

Certification(s)/Specialty: Internal Medicine, Rheumatology

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 patient is a 56 year old female with date of injury 6/18/13. The mechanism of injury is stated as an overuse injury. The patient has complained of neck pain and wrist pain since the date of injury. She has been treated with physical therapy and medications. There are no radiographic reports included for review. Objective: decreased and painful range of motion of the cervical spine, tenderness to palpation of the bilateral wrists. Diagnoses: overuse syndrome, rotator cuff injury bilaterally, cervical myofascial strain. Treatment plan and request: Ambien, Quicken device.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ambien 5mg #30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter, Insomnia Treatment

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation www.drugs.com/ambien.

Decision rationale: This 56 year old female has complained of neck pain and wrist pain since date of injury 6/18/13. She has been treated with physical therapy and medications. The current request is for Ambien. Zolpidem (Ambien) is recommended for the short term treatment of insomnia not to exceed 2-6 weeks duration. There is no evidence that the provider has prescribed this medication according to the recommended medical guidelines. Ambien, therefore is not indicated as medically necessary in this patient.

"Quicken" Device System: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee & Leg Chapter, Durable Medical Equipment (DME)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 174-175, 264-265.

Decision rationale: This 56 year old female has complained of neck pain and wrist pain since date of injury 6/18/13. She has been treated with physical therapy and medications. The current request is for a Quicken device. Per the MTUS guidelines cited above, a Quicken device is not indicated in the treatment of neck and wrist pain. On the basis of the available medical records and MTUS guidelines cited above, a Quicken device is not indicated as medically necessary.