

Case Number:	CM14-0218091		
Date Assigned:	01/07/2015	Date of Injury:	10/08/1999
Decision Date:	06/10/2015	UR Denial Date:	12/29/2014
Priority:	Standard	Application Received:	12/29/2014

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: New Jersey

Certification(s)/Specialty: Family Practice

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 60 year old male, who sustained an industrial injury on 10/8/99. Initial complaints were not reviewed. The injured worker was diagnosed as having complex region pain syndrome; failed hammer toe surgery -2nd; major depression; pain in joint ankle/foot. Treatment to date: multiple right foot surgeries; medications. Currently, the PR-2 notes dated 11/25/14 indicated the injured worker continues to suffer from mood disorder due to his medical condition. He is currently a status post work-related injury affecting the right foot; multiple corrective orthopedic surgeries due to and including a now deformity of the right foot. He currently ambulates with a brace and a considerable limp due to pain. Pain levels are 8/10. He is suffering from chronic reflex sympathetic dystrophy syndrome and may be subject to another corrective surgery (right foot 3rd toe amputation). PR-2 note dated 12/2/12 indicates the injured worker has increased pain with weight bearing; swelling up the ankle of the right foot with discoloration spreading. He has lost 130 pounds to try to alleviate pressure on the foot but pain levels have not changed since the last visit. He bears his weight on the plantar medial foot to off load lateral foot. He has increased discoloration on the lateral foot and the longer on the foot the increase in discoloration (black) and mild swelling. He still has a severe deformity of the 3rd toe compressing on the 4th and 5th toes. He is concerned about the small toes angulating laterally and requesting amputation of that toe. He is not able to get into a shoe due to cock-up deformity. He is a status post 1 MTP arthrodesis of 1/30/14 and failed hammer to surgery of the 2nd to 5th toes. The provider notes right severe hallux valgus and 1st MTP arthrosis/ mid foot arthrosis. The provider has requested Intermezzo 3.5mg, #30.

IMR ISSUES, DECISIONS AND RATIONALES

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

Intermezzo 3.5mg, #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, Mental Illness & Stress.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Mental Illness section, sedative hypnotics and the Pain section, zolpidem AND insomnia treatment.

Decision rationale: The MTUS Guidelines do not address the use of sedative hypnotics. However, the ODG states that sedative hypnotics are not recommended for long term use, but may be considered in cases of insomnia for up to 6 weeks duration in the first two months of injury only in order to minimize the habit-forming potential and side effects that these medications produce. In the case of this worker, the use of Intermezzo was added to help with insomnia related to chronic pain. However, after months of use, there was insufficient reporting of how effective the Intermezzo was at improving the quality and duration of sleep. Regardless, this category of medication is not intended nor is recommended to be used chronically as such and will be, therefore, considered medically unnecessary to continue.