

Case Number:	CM15-0014724		
Date Assigned:	04/16/2015	Date of Injury:	10/13/2012
Decision Date:	05/11/2015	UR Denial Date:	01/21/2015
Priority:	Standard	Application Received:	01/26/2015

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: Arizona, California
 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 50 year old male, who sustained an industrial injury on 10/13/2012. The initial complaints or symptoms included pain/injury to the lumbar spine, left shoulder and bilateral knees. The initial diagnoses were not mentioned in the clinical notes. Treatment to date has included conservative care, medications, conservative therapies, MRIs, x-rays, electrodiagnostic testing, and injections. Currently, the injured worker complains of increased back pain. The diagnoses include hypertension, gastritis, insomnia, diabetes mellitus type 2, and headache. The treatment plan consisted of GM-T5 (unknown), and prescriptions for Ambien, Imitrex, naproxen, Famotidine and Norco.

IMR ISSUES, DECISIONS AND RATIONALES

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

One prescription of Ambien 10 mg # 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) Zolipidem.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG- pain chapter and insomnia - pg 64.

Decision rationale: The MTUS guidelines do not comment on insomnia. According to the ODG guidelines, insomnia medications recommend that treatment be based on the etiology, with the medications. Pharmacological agents should only be used after careful evaluation of potential causes of sleep disturbance. Failure of sleep disturbance to resolve in a 7 to 10 day period may indicate a psychiatric and/or medical illness. Primary insomnia is generally addressed pharmacologically. Secondary insomnia may be treated with pharmacological and/or psychological measures. Zolpidem(Ambien) is indicated for the short-term treatment of insomnia with difficulty of sleep onset (7-10 days). In this case, the claimant had used the medication without information etiology of sleep disturbance or failure of behavioral interventions. The claimant was given a 30-day supply exceeding the 7 days recommended. Continued use of Zolpidem (Ambien) is not medically necessary.

One prescription of Imitrex 100 mg # 18: 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).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, head - migraines and triptana- pg 34.

Decision rationale: According to the guidelines, triptans are indicated for migraine headaches. In this case, the headaches and etiology were not described. Failure of Tylenol or other 1st line analgesics were not mentioned. Diagnostic evaluation was not specified to confirm migraines. The request for Imitrex is not substantiated and not medically necessary.