

Case Number:	CM15-0039402		
Date Assigned:	03/09/2015	Date of Injury:	05/16/2014
Decision Date:	04/20/2015	UR Denial Date:	02/04/2015
Priority:	Standard	Application Received:	03/02/2015

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: California, District of Columbia, Maryland
 Certification(s)/Specialty: Anesthesiology, Pain Management

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This 49 year old male sustained an industrial injury on 5/16/14. The injured worker was diagnosed with head injury with loss of consciousness. Treatment included physical therapy and medications. In a PR-2 dated 1/14/15, the injured worker complained of ongoing headaches, dizziness, blurred vision and amnesia. The physician noted that since the injury, the injured worker had had two seizures, the latest one being December 2014. The physician noted that the injured worker also had worsening symptoms of depression and difficulty sleeping. Physical exam was remarkable for cervical spine with spasm in the paraspinal muscles and tenderness to palpation. Current diagnoses included cervical sprain, symptoms involving the head and neck and concussion with loss of consciousness from 31 to 59 minutes. The treatment plan included requesting authorization for neurology and psychiatry consultations and ongoing medications (Norco, Naproxen Sodium, Omeprazole, Orphenadrine and Zolpidem Tartrate).

IMR ISSUES, DECISIONS AND RATIONALES

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

Zolpidem Tarate 10mg #30 with 2RF: 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.

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

Decision rationale: The Official Disability Guidelines recommends that usage of Ambien be limited to six weeks time as there is concern that they can be habit-forming and may impair function and memory. There is also concern that they may actually increase pain and depression over the long-term. A review of the attached medical record indicates that this medication has been prescribed on several visits. As such, this request for Ambien is not medically necessary.