

Case Number:	CM15-0093840		
Date Assigned:	05/20/2015	Date of Injury:	10/28/1997
Decision Date:	06/24/2015	UR Denial Date:	04/17/2015
Priority:	Standard	Application Received:	05/15/2015

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: Texas, 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 74 year old male patient who sustained an industrial injury on 10/28/1997. A primary treating office visit dated 12/16/2014 reported the patient with subjective complaint of bilateral shoulder and low back pain. He is status post fusion. He has concern regarding the fact that he wears a prosthetic leg and is concerned that the fusion may have been displaced as a result of the prosthesis causing increased back pain. Of note, he is currently pending authorization for an updated computerized tomography scan of the left shoulder. Current medications are: Norco 10/325mg, Ambien, Cymbalta, and Naproxen. Objective findings showed he has increased tenderness of the lumbar paraspinal muscles. He is neurologically intact on the right lower extremity; left with prosthesis. The following diagnoses are applied: chronic neck and bilateral shoulder pain, history of multiple surgeries the last being in 2012. He has a shoulder replacement on the right side; chronic phantom limb pain with left below the knee amputation and right metatarsal amputation; history of myopathy; chronic knee pain; posttraumatic stress disorder, and low back pain status post fusion with hardware removal in 2011. The plan of care involved giving a month's supply of Norco, Ambien and Naprosyn; follow up with shoulder specialist, undergo a recent radiography scan of lumbar and follow up visit in one month. The patient is on future medical care. By 02/10/2015 the patient reports receiving a replacement right prosthesis/orthosis. He also saw the orthopedist regarding the left shoulder and underwent both radiographic study and computerized tomography scan with results being sent over to primary attending. Medications remain unchanged. Treating diagnoses remain unchanged; along with subjective findings unchanged. The plan of care involved

dispensing all medications, pending consultation recommendation and follow up visit in two months. Per the doctor's note dated 4/8/15 patient had complaints of pain in left shoulder and low back. Physical examination revealed limited range of motion of the low back and left shoulder. The medication list include Norco, Ambien, Naproxen and Cymbalta The patient has had urine drug screen test on 10/20/14 that was consistent. The patient's surgical history include surgeries on leg, foot, clavicle, back and bilateral shoulder. The patient sustained the injury due to MVA. A recent detailed psychological evaluation note was not specified in the records provided. Any evidence of anxiety or depression or other psychological symptoms was not specified in the records provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 retrospective request for Ambien 10mg, #60, provided on date of service: 04/07/2015:

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, Zolpidem (Ambien).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (updated 06/15/15) Zolpidem.

Decision rationale: Request: 1 retrospective request for Ambien 10mg, #60, provided on date of service: 04/07/2015 Zolpidem is a short-acting nonbenzodiazepine hypnotic. The California MTUS/ACOEM Guidelines do not address this medication; therefore, ODG was utilized. According to the cited guideline "Zolpidem is a prescription short-acting nonbenzodiazepine hypnotic, which is approved for the short-term (usually two to six weeks) treatment of insomnia." A detailed history of anxiety or insomnia was not specified in the records provided. Any trial of other measures for treatment of insomnia is not specified in the records provided. Per the records provided, the date of injury is approximately 18 years ago. A detailed evaluation by a psychiatrist for stress related conditions is not specified in the records provided. Per the cited guideline use of the Zolpidem can be habit-forming, and it may impair function and memory more than opioid pain relievers. The medical necessity of the request for 1 retrospective request for Ambien 10mg, #60, provided on date of service: 04/07/2015 is not medically necessary.