
Independent Medical Review Final Determination Letter

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Dated: 12/30/2013

IMR Case Number:	CM13-0018832	Date of Injury:	01/31/2003
Claims Number:	██████████	UR Denial Date:	08/26/2013
Priority:	STANDARD	Application Received:	08/30/2013
Employee Name:	████████████████████		
Provider Name:	██		
Treatment(s) in Dispute Listed on IMR Application:			
AMBIEN 12.5 #30			

DEAR ██████████

MAXIMUS Federal Services has completed the Independent Medical Review (“IMR”) of the above workers’ compensation case. This letter provides you with the IMR Final Determination and explains how the determination was made.

Final Determination: UPHOLD. This means we decided that none of the disputed items/services are medically necessary and appropriate. A detailed explanation of the decision for each of the disputed items/services is provided later in this letter.

The determination of MAXIMUS Federal Services and its physician reviewer is deemed to be the Final Determination of the Administrative Director of the Division of Workers’ Compensation. This determination is binding on all parties.

In certain limited circumstances, you can appeal the Final Determination. Appeals must be filed with the Workers’ Compensation Appeals Board within 30 days from the date of this letter. For more information on appealing the final determination, please see California Labor Code Section 4610.6(h).

Sincerely,

Paul Manchester, MD, MPH
Medical Director

cc: Department of Industrial Relations, ██████████

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Internal Medicine and Pulmonary Disease, and is licensed to practice in California. 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 physician 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/services.

DOCUMENTS REVIEWED

The following relevant documents received from the interested parties and the documents provided with the application were reviewed and considered. These documents included:

- [REDACTED]
- [REDACTED]
- [REDACTED]
- [REDACTED]

CLINICAL CASE SUMMARY

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

The patient is a 39-year-old female with a reported date of injury on 01/31/2003; the mechanism of injury was not provided within the medical records. The patient had low back pain, upper back pain, muscle spasms, and difficulty sleeping. The patient had diagnoses of arthritis, fibromyalgia, chronic pain syndrome, depression, opioid dependence, and insomnia. The treatment plan consisted of a request for Ambien 12.5 mg #30.

IMR DECISION(S) AND RATIONALE(S)

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

1. Ambien 12.5 #30 is not medically necessary and appropriate.

The Claims Administrator based its decision on the Official Disability Guidelines (ODG), Section Pain, which is not part of MTUS.

The Physician Reviewer found that no section of the MTUS was applicable. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, the Physician Reviewer based his/her decision on the Official Disability Guidelines (ODG), Section Pain, which is not part of MTUS.

The Physician Reviewer's decision rationale

The request for Ambien 12.5 #30 is not medically necessary and appropriate. Within the provided documentation, it appeared the employee had been utilizing the medication since at least 11/16/2012. Per the provided documentation, the employee was having trouble sleeping related to upper and lower back pain as well as upper and lower back spasms. Within the provided documentation, it appeared the provider felt that the employee would benefit from detox off of medications as an outpatient. Per the more recent documentation, it appeared the medication Ambien was not resolving the employee's sleep issues. The Official Disability Guidelines note Zolpidem is a prescription short acting non-benzodiazepine hypnotic, which is approved for the short-term (usually 2 to 6 weeks) treatment of insomnia. Proper sleep hygiene is critical in the individual with chronic pain and often is hard to obtain. Various medications may provide short-term benefit. While sleeping pills, so called minor tranquilizers, and anxiety agents are commonly prescribed in chronic pain, pain specialists rarely, if ever, recommend them for long-term use. They can be habit forming, and they can impair function and memory more than opioid pain relievers. There is also concern that they may increase pain and depression over the long-term. Per the provided documentation, the employee had been utilizing the medication for a period of 1 year or longer; this would exceed the guideline recommendation for short-term usually 2 to 6 weeks. Additionally, within the provided documentation it did not appear the medication was beneficial for the employee's sleep disturbance. Therefore, further treatment is not supported, according to the guideline recommendations. **The request for Ambien 12.5 #30 is not medically necessary and appropriate.**

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Disclaimer: MAXIMUS is providing an independent review service under contract with the California Department of Industrial Relations. MAXIMUS is not engaged in the practice of law or medicine. Decisions about the use or nonuse of health care services and treatments are the sole responsibility of the patient and the patient's physician. MAXIMUS is not liable for any consequences arising from these decisions.

[REDACTED]

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