

Case Number:	CM13-0005081		
Date Assigned:	03/03/2014	Date of Injury:	07/31/2000
Decision Date:	04/03/2014	UR Denial Date:	07/17/2013
Priority:	Standard	Application Received:	07/31/2013

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 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. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

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

According to the records made available for review, this is a 73-year-old male with a 7/31/00 date of injury. At the time of request for authorization (6/17/13) for Ambien 10mg 1 by mouth at bedtime, #30, there is documentation of subjective low back and hip pain. Objective findings are tenderness to palpation over the lumbar spine and limited lumbar spine range of motion findings. Current diagnoses include post-laminectomy syndrome, lumbago, and chronic pain syndrome. Treatment to date include medications; ongoing treatment with Ambien for greater than 3 months. Medical reports identify documentaiton of decrease in pain levels and improved function with medications. There is no documentation of insomnia and the intention to treat over a short course (less than two to six weeks).

IMR ISSUES, DECISIONS AND RATIONALES

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

AMBIEN 10MG 1 BY MOUTH AT BEDTIME, #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) Chronic Pain Chapter, Zolpidem.

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

Decision rationale: The MTUS does not address this issue. The Official Disability Guidelines (ODG) identifies Ambien (Zolpidem) as a prescription short-acting non-benzodiazepine hypnotic, which is approved for the short-term (usually two to six weeks) treatment of insomnia. Within the medical information available for review, there is documentation of diagnoses of post-laminectomy syndrome, lumbago, and chronic pain syndrome. In addition, there is documentation of ongoing treatment with Ambien with decrease in pain levels and improved function with previous use. However, there is no documentation of insomnia. In addition, given documentation of records reflecting prescriptions for Ambien for greater than three months, there is no documentation of the intention to treat over a short course (less than two to six weeks). The request for Ambien 10mg 1 by mouth at bedtime, #30 is not medically necessary and appropriate.