

Case Number:	CM13-0010799		
Date Assigned:	12/11/2013	Date of Injury:	10/12/2006
Decision Date:	02/14/2014	UR Denial Date:	07/30/2013
Priority:	Standard	Application Received:	08/14/2013

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 Occupational 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:

The applicant is a represented [REDACTED] employee who has filed a claim for chronic pain syndrome, depression, chronic low back pain, knee pain, and myofascial pain associated with an industrial injury that took place on October 12, 2006. Thus far, the applicant has been treated with analgesic medications, adjuvant medications, trigger point injection therapy, transfer of care to and from various providers in various specialties, seven epidural steroid injections, unspecified amounts of physical therapy, and extensive periods of time off of work. It is not clearly stated whether the applicant's limitations have been accommodated by the employer or not. A progress note from October 17, 2013 states that the applicant is on Norco, Ambien, Valium, Cymbalta, Lyrica, Zetia, glyburide, Prilosec, and Benicar. The applicant has comorbid diabetes. She is using an H-wave unit. She has not yet returned to work. The applicant is status post recent epidural steroid injection therapy. Multiple medications were refilled. The applicant is asked to employ good sleep hygiene.

IMR ISSUES, DECISIONS AND RATIONALES

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

30 Ambien 10mg: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS.
Decision based on Non-MTUS Citation Official Disability Guidelines

Decision rationale: The MTUS does not address this topic. As noted in the Official Disability Guidelines (ODG) chapter on chronic pain, zolpidem (Ambien) is endorsed only for short-term use, typically on the order of 2-6 weeks. It is not recommended in the chronic, long-term, and/or scheduled basis for which it is being requested here. Therefore, the request is not certified.