

Case Number:	CM13-0014619		
Date Assigned:	06/06/2014	Date of Injury:	02/14/2009
Decision Date:	07/11/2014	UR Denial Date:	08/03/2013
Priority:	Standard	Application Received:	08/22/2013

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. The expert reviewer is Board Certified in Neurological Surgery 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 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/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 records presented for review indicate this 35-year-old male was injured on February 14, 2009. Injuries to the low back and lower extremity noted with no specific mechanism of injury identified. There are ongoing complaints of difficulty with sleep. A request for the medication Ambien and orthopedic mattress were denied in the preauthorization process. A progress note from the pain management center noted ongoing complaints of neck and low back pain. The physical examination noted this 6 foot, 215 pound individual to be hypertensive. A decrease in cervical spine range of motion reported as a decrease in lumbar spine range of motion. Motor and sensation are intact in the upper and lower extremities. Multiple interventions are noted.

IMR ISSUES, DECISIONS AND RATIONALES

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

30 AMBIEN 10MG WITH 1 REFILL: 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), Mental Chapter.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG), PAIN CHAPTER, UPDATED JUNE 2014.

Decision rationale: Zolpidem is a prescription short-acting nonbenzodiazepine hypnotic, which is approved for the short-term (usually two to six weeks) treatment of insomnia. Proper sleep hygiene is critical to 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 anti-anxiety agents are commonly prescribed in chronic pain, pain specialists rarely, if ever, recommend them for long-term use. The request is not medically necessary.

1 ORTHOPEDIC MATTRESS: 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).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG) LOW BACK CHAPTER UPDATED JUNE, 2014.

Decision rationale: Mattress firmness is not recommended as care reasonably required to address the sequelae of the injury. As outlined in the Official Disability Guidelines, such a determination or mattress is not recommended. The request is not medically necessary.