

Case Number:	CM13-0015832		
Date Assigned:	10/09/2013	Date of Injury:	11/14/2011
Decision Date:	03/10/2014	UR Denial Date:	08/02/2013
Priority:	Standard	Application Received:	08/23/2013

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 Physical Medicine and Rehabilitation and is licensed to practice in Texas. 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 patient is a 64-year-old female who reported injury on 11/14/2011. The mechanism of injury was stated to be the patient was standing in front one of the sinks in the women's restroom and when turning around to one of the stalls, the patient slipped and fell. The patient was noted to complain of low back pain radiating to her legs with weakness and tingling in the lower extremities. The patient's diagnoses were noted to include lumbar disc protrusion at L5-S1 and left lower extremity radiculopathy. The submitted request was noted to be for Ambien 10 mg.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective Ambien 10mg: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Mental Illness & Stress 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) Pain Chapter, Zolpidem.

Decision rationale: The Official Disability Guidelines indicates Ambien is for the short-term treatment of insomnia, generally 2 - 6 weeks. The clinical documentation submitted for review

failed to provide the patient had signs and symptoms of insomnia. Additionally, there was a lack of documentation indicating the efficacy of the medication as the patient was noted to have been on the medication previously. There was a lack of documentation indicating the necessity for long-term treatment. The request as submitted failed to indicate a quantity of medication being requested. Given the above, the request for retrospective Ambien 10 mg is not medically necessary.