

Case Number:	CM13-0020126		
Date Assigned:	10/11/2013	Date of Injury:	08/04/2011
Decision Date:	01/27/2014	UR Denial Date:	08/16/2013
Priority:	Standard	Application Received:	09/04/2013

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 Pulmonary Diseases and is licensed to practice in New York. 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 57-year-old female who reported a work related injury. The mechanism of injury was noted as reaching and bending for a pillow. The patient complained of low back pain. The patient has undergone physical therapy, acupuncture, aqua therapy, injections, and a medial branch nerve block. An x-ray of the patient's lumbar spine revealed mild degenerative disc disease at L4-5 and L5-S1. MRI of the lumbar spine revealed an L5-S1 disc herniation. The patient's medications include Lidoderm patches and Savella. The request is for Ambien 10mg.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ambien 10mg #30, no refills: Upheld

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

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: Recent clinical documentation submitted for review stated that the patient complained of low back pain which radiated to her right leg. She rated her pain as a 6/10. The patient reported she was sleeping 6 to 8 hours per night and stated she felt she had become

depressed since her injury. She had difficulty with her activities of daily living and her sleep was slightly disturbed. Other recent clinical documentation stated that the patient was able to sleep better taking Cymbalta 20mg once a day, yet she was too dizzy during the day. The Official Disability Guidelines indicate that Ambien is a short acting non-benzodiazepine hypnotic which is approved for the short-term use of insomnia. There is a lack of clinical documentation submitted stating that the patient had a diagnosis of insomnia or had trouble sleeping. There was no rationale given for the patient to be taking Ambien. Furthermore, due to adverse effects, the FDA now requires lower doses for zolpidem to include that the dose of zolpidem for women should be lowered from 10mg to 5mg for instant release products and from 12.5mg to 6.25mg for extended release products. Given the above, the request for Ambien 10mg #30, no refills is not medically necessary.