

Case Number:	CM13-0021559		
Date Assigned:	10/11/2013	Date of Injury:	01/31/2003
Decision Date:	01/14/2014	UR Denial Date:	08/26/2013
Priority:	Standard	Application Received:	09/09/2013

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 Family Practice 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 39 year old female who reported injury on 01/31/2003. The patient was noted to be taking Ambien since 12/14/2012. The patient was noted to have spasms during the day. The diagnosis were noted to include chronic pain in multiple sites, anxiety, low back pain and lumbar radiculitis. The plan was noted to include Ambien 10mg #30.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ambien 10mg #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) Ambien, 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, Ambien, Zolpidem..

Decision rationale: California MTUS guidelines do not address Ambien. Per Official Disability Guidelines, Zolpidem is approved for short-term use for treatment of insomnia, usually 2 - 6 weeks. Clinical documentation submitted for review indicated that the patient had been taking Ambien since 12/14/2012. It failed to provide the efficacy of the requested medication and it

failed to provide exceptional factors to warrant long term use of the medication. Additionally, it failed to indicate if the patient had tried lower levels of treatment for insomnia. Given the above, the request for Ambien 10mg #30 is not medically necessary.