

Case Number:	CM13-0028291		
Date Assigned:	11/22/2013	Date of Injury:	06/08/2007
Decision Date:	01/27/2014	UR Denial Date:	08/27/2013
Priority:	Standard	Application Received:	09/23/2013

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 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 headaches, dizziness, neck pain, low back pain, ankle pain, knee pain, and anxiety reportedly associated with an industrial injury of June 8, 2007. Thus far, the applicant has been treated with the following: Analgesic medications; adjuvant medications, transfer of care to and from various providers in various specialties; consultation with urologist; 5-phosphodiesterase inhibitors for impotence; attorney representation; sleep aids; and the apparent imposition of permanent work restrictions. In a Utilization review report of August 27, 2013, the claims administrator denied a request for Ambien. The applicant later appealed. An earlier note of June 17, 2013 is notable for comments that the applicant was given Ambien as a sleep aid. The applicant is also given Norco for pain relief. The applicant was again given Ambien on June 4, 2013 and appears to have previously been given Ambien on May 28, 2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

refill of Zolpiderm between 6/17/13 and 10/11/13: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Chronic Pain Chapter section on Zolpiderm.

Decision rationale: The MTUS does not address this topic. As noted in the Official Disability Guidelines, Zolpidem or Ambien is recommended in a short-term, two- to six-week management of insomnia. It is not recommended for the chronic, nightly, or scheduled management of insomnia for a period of four months, as is being proposed here. Therefore, the original Utilization review decision is upheld. The request for 1 prescription refill of Zolpiderm between 6/17/13 and 10/11/13 is not medically necessary and appropriate.