

Case Number:	CM13-0028773		
Date Assigned:	07/02/2014	Date of Injury:	12/03/1992
Decision Date:	08/05/2014	UR Denial Date:	09/12/2013
Priority:	Standard	Application Received:	09/25/2013

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 Family Practice and is licensed to practice in Texas and Mississippi. 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 injured worker is a 58 year old male who reported an injury on 12/03/1992 from lifting a deceased individual. The injured worker had a history of lower back pain that radiates down to the left leg with pain rated a 3/10. The diagnosis includes lower back pain and a surgical history of discectomy times two with no location given. The medications include Neurontin 300mg caps one 2 times a day, and zolpidem ER 12.5mg one at bedtime. The physical examination of the lumbar reveals a well healed scar with normal gait, full weight bearing, mild spasms, decreased paraspinous tone diminished, tenderness to the lower region, straight leg raise positive to the right, trunk reveals full range of motion except rotation, pain noted with flexion . The authorization form dated 11/21/2013 was submitted with the documentation.

IMR ISSUES, DECISIONS AND RATIONALES

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

AMBIEN 12.5MG, #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.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain, Zolpidem (Ambien).

Decision rationale: The Official Disability Guidelines indicate that Zolpidem is approved for short term treatment for insomnia to use for a two to six week period. The documentation did not provide evidence that the injured worker had any complaints of insomnia and the injured worker had been on Zolpidem 12.5mg greater than the 2-6 week recommended time period. The chart notes dated 12/03/2013 and the charts dated 03/03/2014 both indicate that the injured worker had been prescribed the medication Zolpidem 12.5mg. The request did not address the frequency, as such the request for Ambien 12.5mg #30 is non-certified.