

Case Number:	CM13-0032861		
Date Assigned:	12/06/2013	Date of Injury:	01/10/2007
Decision Date:	03/14/2014	UR Denial Date:	09/20/2013
Priority:	Standard	Application Received:	10/08/2013

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 41-year-old male who reported an injury on 02/12/2006 after being "rammed by another machine." This injury ultimately resulted in a lumbar fusion followed by hardware removal. Surgical management included physical therapy that was not considered effective, medication management, and psychological support. The patient's most recent clinical evaluation included tenderness to palpation along the posterior lumbar musculature with increased muscle tone and significantly limited range of motion with a bilateral positive straight leg raising test and sensory deficits within the L5 through S1 dermatomes. The patient's medication usage included OxyContin, Norco, Anaprox, Ambien, Prilosec, Neurontin, trazodone, Valium, Wellbutrin, medical marijuana, and Dendracin topical analgesic cream. The patient was monitored for aberrant behavior with urine drug screens. The patient's diagnoses included failed back surgery syndrome, cervical myoligamentous injury with bilateral upper extremity radicular symptoms, medication induced gastritis, sleep difficulties, and reactionary depression and anxiety. The patient's treatment plan included continuation of medication usage and consultation with an orthopedic spine surgeon.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ambien CR 12.5 mg, at bedtime as needed, quantity 30: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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 requested Ambien CR 12.5mg, at bedtime as needed, quantity 30 is not medically necessary or appropriate. The clinical documentation submitted for review does provide evidence that the employee has been on this medication for an extended duration of time. The Official Disability Guidelines recommend the use of Ambien in the treatment of insomnia related to chronic pain be limited to short courses of treatment. The most recent clinical documentation submitted for review does not provide any evidence of deficits in the employee's sleep hygiene. There is not an assessment of the employee's sleep patterns to support the use of this medication. As such, the requested Ambien CR 12.5mg, at bedtime as needed, quantity 30 is not medically necessary or appropriate.