

Case Number:	CM13-0035065		
Date Assigned:	12/13/2013	Date of Injury:	12/03/1998
Decision Date:	02/05/2014	UR Denial Date:	09/24/2013
Priority:	Standard	Application Received:	10/16/2013

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 Cardiology; has a subspecialty in Fellowship training in Cardiovascular Disease 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. 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 43-year-old male who reported injury on 12/03/1998. The mechanism of injury was not provided. The patient was noted to have a positive facet loading test. The patient's diagnoses were noted to include postlaminectomy syndrome lumbar region, chronic pain syndrome, and persistent disorder of initiating or maintaining sleep. The request was made for a prospective request for Ambien 6.25 mg #30, (0 refills), and Lidoderm patch #30 (3 refills).

IMR ISSUES, DECISIONS AND RATIONALES

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

Ambien 6.25 mg tab (#30, 0 refills): 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, Zolpidem, Online Version

Decision rationale: Official Disability Guidelines indicates it is for the short-term treatment of insomnia, generally 2 - 6 weeks. The clinical documentation submitted for review failed to provide the efficacy of the requested medication. Additionally, the patient was noted to be injured in 1998 and there is a lack of documentation indicating the length of time the patient has been on this medication. Given the above and the lack of documentation of exceptional factors, the request for prospective for Ambien 6.25 mg #30 (0 refills) is not medically necessary.