

Case Number:	CM13-0051300		
Date Assigned:	12/27/2013	Date of Injury:	02/21/2013
Decision Date:	02/13/2014	UR Denial Date:	09/23/2013
Priority:	Standard	Application Received:	10/01/2013

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 is licensed to practice in Washington DC and Virginia. 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:

This is a 67 year old male who had injury to his back on February 21, 2013 following an incident in January 2013 after he lifted very heavy air conditioning equipment and carried them from a tractor-trailer truck. He was diagnosed with insomnia in addition to lower back spasm and pain. Initially, he was instructed to take Advil and then Tylenol. He was able to perform regular work duties on April 17 2013. At this point his back pain became more incapacitating and given recommendations for physical therapy. The patient also underwent an MRI of the back and medial branch blocks. This case is in review of medication justification for the drug, Ambien.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ambien 10mg #20: 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),

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

Decision rationale: As per ODG guidelines, Ambien is used as a sleep aid. It is recommended for short term use, 2-6 weeks maximum. Although it is not considered a benzodiazepine, it has

been found to be habit forming and, therefore, not recommended for long term use, as was the case for this patient. This is not medically indicated.