

Case Number:	CM13-0051535		
Date Assigned:	12/27/2013	Date of Injury:	07/18/2005
Decision Date:	05/19/2014	UR Denial Date:	11/05/2013
Priority:	Standard	Application Received:	11/14/2013

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 Orthopedic Surgery 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 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 claimant is a 48-year-old gentleman who was injured in a work related accident on July 18, 2005. The clinical records indicate low back injury for which recent clinical progress report of August 29, 2013 showed the claimant had been advised that no surgical intervention would be indicated. It states that he is continuing to be treated in a conservative manner with medication regimen. Examination findings showed restricted range of motion with decreased sensation in a right L5 and S1 dermatomal distribution and increased pain with heel walking and squatting. It was indicated that previous assessment from treating provider had indicated need for potential multilevel laminectomy. The claimant recently was hospitalized on October 10, 2013 for unrelated medical issues of pancreatitis. At present, there is a specific request for the continued use of Ambien in this instance given the claimant's current clinical picture.

IMR ISSUES, DECISIONS AND RATIONALES

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

AMBIEN 10 MG, #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).

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: CA MTUS Guidelines does not address. When looking at Official Disability Guideline criteria, Ambien is not indicated in the chronic setting. The claimant's clinical picture is not consistent with the diagnosis of insomnia or the indication of need for acute treatment of insomnia with prescription nonbenzodiazepine hypnotics. The acute need of Ambien at this stage in the claimant's chronic course of care nearly nine years from injury when Guideline criteria recommends its use for no more than two to six weeks would not be indicated as medically necessary. Therefore, the request for Ambien 10mg, #30 is not medically necessary.