

Case Number:	CM13-0053463		
Date Assigned:	12/30/2013	Date of Injury:	12/12/2005
Decision Date:	03/18/2014	UR Denial Date:	11/07/2013
Priority:	Standard	Application Received:	11/18/2013

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 Emergency Medicine 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 58-year-old female who reported an injury on 12/12/2005. The mechanism of injury was not provided. The patient was noted to be in the pain management office for a refill of the patient's medications. The patient's diagnoses were noted to include chronic pain syndrome and a history of an anterior cervical discectomy and fusion, along with right upper extremity pain. The request was made for Ambien CR 12.5 mg 1 by mouth at bedtime.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ambien CR 12.5mg 1QHS: 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)

Decision rationale: Official Disability Guidelines indicates Ambien is for the short-term treatment of insomnia, generally 2 - 6 weeks. It further indicates that Ambien CR offers no significant clinical advantage over regular release Zolpidem. Ambien CR is approved for chronic use, but chronic use of hypnotics in general is discouraged. There was a lack of documentation of objective functional improvement with the medication. There was a lack of

documentation indicating the patient had trialed and failed regular strength Ambien. Per the submitted request, there was a lack of documentation indicating a quantity of medication being requested. Given the above, the request for Ambien CR 12.5 mg, 1 at bedtime is not medically necessary.