

Case Number:	CM13-0053695		
Date Assigned:	12/30/2013	Date of Injury:	07/15/2011
Decision Date:	08/01/2014	UR Denial Date:	10/22/2013
Priority:	Standard	Application Received:	11/18/2013

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 Physical Medicine & Rehabilitation and is licensed to practice in Nevada. 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 injured worker is a 35 year-old male who was reportedly injured on 7/15/2011. The mechanism of injury is not listed in these records reviewed. The most recent progress note, dated 10/17/2012 indicates that there are ongoing complaints of low back pain radiating into the right lower leg. The physical examination demonstrated antalgic gait, minimal lumbar tenderness to palpation. Decreased range of motion of the lumbar spine. Diagnostic imaging studies mentioned 10/7/2011 magnetic resonance image of the lumbar spine revealed large right side L4-five disc herniation. Official report not available for review. Previous treatment includes medication such as naproxen, Norco, omeprazole, Flexeril, toward all, and Dendracin. A request had been made for Ambien 5mg #30, and was not certified in the pre-authorization process on 10/22/2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

AMBIEN 5 MG #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.

Decision rationale: Ambien is a prescription, short-acting non-benzodiazepine hypnotic, which is approved for the short-term (usually two to six weeks) treatment of insomnia. Proper sleep hygiene is critical to the individual with chronic pain and often is hard to obtain. Various medications may provide short-term benefit. While sleeping pills, so-called minor tranquilizers and anti-anxiety agents are commonly prescribed in chronic pain, pain specialists rarely, if ever, recommend them for long-term use. After reviewing the medical records, there is no documentation of sleep issues in the subjective aspect of the medical records. Without clinical documentation showing need for the use of this medication the request is deemed not medically necessary.