

Case Number:	CM13-0055422		
Date Assigned:	12/30/2013	Date of Injury:	06/20/2007
Decision Date:	04/04/2014	UR Denial Date:	11/07/2013
Priority:	Standard	Application Received:	11/19/2013

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 Physical Medicine and Rehabilitation and is licensed to practice in Arizona. 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 31-year-old male who sustained a work-related injury on 6/20/07. This patient underwent L5-S1 laminectomy with inadequate improvement. He carries diagnoses of depression as well as anxiety and is under the care of a psychiatrist; he is managed with several antidepressants and anti-anxiety medications. The patient also received physical therapy and chiropractic care along with epidural injections prior to surgery. A request was made for approval of prescription for Ambien; the patient had already taken this drug for several months. He claimed to be feeling better with the use of Seroquel and his sleep pattern had improved.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ambien 10mg sig: 1 qhs plus 1 refill: 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), TWC, 2013, Pain Zolpidem (Ambien).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), TWC, 2013, Ambien

Decision rationale: No definite guideline regarding Ambien was found in the MTUS guidelines. Per the ODG TWC 2013 evidence states Ambien is a prescription short-acting non-benzodiazepine drug which is approved for short-term use (usually 2-6 weeks) for treatment of insomnia. Ambien can be habit forming and long-term use is not recommended. There is also concern that it may increase pain and depression, the patient was already feeling better and his sleep pattern was improving with the use of Seroquel. Therefore, long-term use of Ambien is not necessary.