

Case Number:	CM13-0059414		
Date Assigned:	12/30/2013	Date of Injury:	07/28/2007
Decision Date:	04/04/2014	UR Denial Date:	11/14/2013
Priority:	Standard	Application Received:	12/02/2013

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 Family Practice, 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 50 year old male that reported an injury on 07/28/2007. The mechanism of injury reported was being hit by a car that was driving away that in turn stopped and struck him again as the driver was backing up. On the clinical exam dated 07/19/2013 the patients reported a history of a surgery in 1999 for a left forearm surgery. Medications listed are: Amlodipine, Gabapentin, Motrin, Protonix, and Ambien. The patient complained of low back pain that radiated to lower bilateral extremities for 60-70 percent of the time at a level of 7/10. The patient reported that the pain makes it difficult for sleeping and awakens with pain and discomfort. On exam it is noted that there is paraspinal spasm and tenderness with facet tenderness at level L4-5. Positive straight leg and Kemp's test bilaterally. MRI dated 05/17/2013 noted herniated nucleus pulposis in the central and bilateral paracentral extension at L4-L5, and Left lateral recess stenosis. Drug screen done with no noted aberrant behavior or misuse of medications. X-rays revealed no spondylosthesis. The clinical notes stated that the patient has had conservative failed care.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Prescription of Ambien 10mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Ambien.

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

Decision rationale: The request for Ambien 10 mg #30 is non-certified. The patient has low back pain that has been non-responsive to conservative care and the patient is taking, Gabapentin, Motrin for pain and was pending low back surgery. The Official Disability Guidelines state that zolpidem is a prescription short-acting nonbenzodiazepine hypnotic, which is approved for the short-term (usually two to six weeks) treatment of insomnia. There was no documentation of the effectiveness of the medication or documentation of a timeframe for the medication. Therefore, the request is non-certified.