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| Case Number: | CM13-0060654 | | |
| Date Assigned: | 01/08/2014 | Date of Injury: | 08/16/2000 |
| Decision Date: | 04/24/2014 | UR Denial Date: | 11/22/2013 |
| Priority: | Standard | Application Received: | 12/03/2013 |

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 Occupational Medicine 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic low back pain reportedly associated with an industrial injury of August 16, 2000. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; transfer of care to and from various providers in various specialties; earlier lumbar fusion surgery in 2004; sleep aid; and apparent return to some form of alternate work as a clothing salesman. In a Utilization Review Report of November 22, 2013, the claims administrator approved a request for Hydrocodone and Senna while denying request for Ambien. The applicant's attorney subsequently appealed. An October 31, 2013 progress note is notable for comments that the applicant reports persistent 8-9/10 pain status post fusion surgery. The applicant reports chronic heartburn which he attributes to ongoing opioid usage. It is stated that ongoing usage of medications has ameliorated the applicant's ability to function and has effected appropriate reduction in pain scores. The applicant does exhibit a normal gait and is appropriately alert and oriented. He weighs 184 pounds. The applicant's medications list includes Hydrocodone, Ambien, Senna, Lidoderm, and Testosterone, it is incidentally noted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ambien 10mg, #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). Treatment Index, 11th Edition (web), 2013, Pain Chapter, Zolpidem (Ambien).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Chronic Pain Chapter, Zolpidem topic.

Decision rationale: The MTUS does not address the topic. As noted in the ODG Chronic Pain Chapter, Zolpidem topic, Zolpidem or Ambien is indicated in the short-term treatment of insomnia, typically around the order of two to six weeks. It is not recommended for the chronic, long-term, scheduled, and/or nightly use for which it is being proposed here. In this case, the attending provider has not proffered any applicant-specific rationale, narrative, or commentary to the application for independent medical review or request for authorization so as to try and offset the unfavorable guideline recommendation. Therefore, the request for Ambien 10 mg #30 is not medically necessary and appropriate.