

Case Number:	CM13-0060863		
Date Assigned:	12/30/2013	Date of Injury:	03/06/2002
Decision Date:	04/30/2014	UR Denial Date:	11/28/2013
Priority:	Standard	Application Received:	12/04/2013

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 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:

This 58 year-old male sustained an injury on 3/6/02. Request under consideration include Ambien 10 mg #90. Report of 11/20/13 from a provider noted patient treating for neck, back and feet pain described as aching, constant, and severe. Exam noted palpable twitch, positive trigger points of head and neck; cervical range of flex/ext/lateral rotation on left 45/15/15 right rotation of 65 degrees; lumbar facet pain at bilateral L3-S1; palpable twitch and trigger points at lumbar paraspinous muscles; antalgic gait; lumbar flex/ext of 30/10 degrees with pain. Diagnoses included lumbar degenerative disc disease/disc bulging/ occasional radiculopathy; neck pain. Medications list Protonix, Tamsulosin, Cialis, Tramadol, Ambien, Fioricet; Neurontin; Topamax; and Lidoderm patches. Medications were refilled with request for TENS pads. Request for Ambien was non-certified on 11/28/13 citing guidelines criteria and lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

AMBIEN 10MG #90: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain (Chronic)

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

Decision rationale: Per the ODG, Ambien, a non-benzodiazepines CNS depressant is the treatment of choice in very few conditions with tolerance to hypnotic effects developing rapidly with anxiolytic effects occurring within months; limiting its use to 4 weeks as long-term use may actually increase anxiety. Submitted reports have not demonstrated any clinical findings or specific sleep issues such as number of hours of sleep, difficulty getting to sleep or staying asleep or how use of this sedative/hypnotic has provided any functional improvement from treatment already rendered for this 2002 injury. The Ambien 10mg #90 is not medically necessary and appropriate.