

Case Number:	CM13-0061650		
Date Assigned:	12/30/2013	Date of Injury:	05/30/2000
Decision Date:	03/27/2014	UR Denial Date:	11/21/2013
Priority:	Standard	Application Received:	12/05/2013

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 Internal Medicine and is licensed to practice in New York. 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 claimant is a 70 year old female who sustained work injuries on 05/30/2000. The mechanism of injury was not provided. Her diagnoses include chronic low back pain, bilateral knee pain, and right hip pain. She has undergone surgeries: lumbar decompression, laminotomy, and osteotomy, lumbar fusion, right hip surgery, and s/p placement of a thoracolumbar spinal cord stimulator. On exam she continues to complain of low back pain radiating down both legs into the feet with associated numbness and tingling. She has palpable muscle spasms in both legs and feet. There is lumbar spine tenderness bilaterally at L5-S1 as well as over the bilateral sciatic notch, posterior lateral thighs and posterior lateral calves. Active range of motion of the lumbar spine reveals flexion 40/60 degrees, extension 0/25 degrees and lateral bending 20/25 degrees. Sensory exam demonstrates paresthesias in the left lateral thigh and circumferential decreased sensation in the bilateral calves and feet. She is treated with medical therapy including opiates. The treating provider has requested Ambien 5mg #30 with 3 refills.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ambien 5 mg #30 with 3 refills: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Work Loss Data Institute, Official Disability Guidelines (ODG) Treatment in Workers Compensation

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Internal Medicine- Treatment of Insomnia 2012

Decision rationale: Zolpidem is a short-acting nonbenzodiazepine hypnotic indicated for the short-term treatment (two to six weeks) for managing insomnia. Long-term use is not recommended as there are associated risks of impaired function and memory with use more than opioids, as well as Zolpidem may be habit forming. There are no subjective findings of insomnia noted in the medical record related to the work injuries. The medical necessity for Zolpidem has not been established. The requested treatment is not medically necessary.