

Case Number:	CM13-0069221		
Date Assigned:	01/03/2014	Date of Injury:	11/19/2012
Decision Date:	06/04/2014	UR Denial Date:	12/19/2013
Priority:	Standard	Application Received:	12/20/2013

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:

The patient is a 36 year old male with an injury date of 11/19/12. Based on the 12/06/13 progress report provided by [REDACTED] the patient's diagnosis include the following: Post lumbar laminectomy syndrome, lumbar facet syndrome, cervical facet syndrome, cervical pain, cervical radiculopathy, and thoracic pain. On 10/16/13, the patient had a transforaminal bilateral lumbar epidural steroid injection using fluoroscopy at levels L5, S1 (total of 4 levels performed). [REDACTED] is requesting for Ambien 5 mg.

IMR ISSUES, DECISIONS AND RATIONALES

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

AMBIEN 5MG: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG.

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

Decision rationale: The 08/30/13 progress report is the first report within the medical records provided for review to request for Ambien. The 12/06/13 progress report states that Ambien is "helpful with initiating sleep- per pt he is able to sleep btwn 4-6 hrs a night with Ambien- whereas he had extreme difficulty falling asleep without Ambien and was frequently awakened

due to pain." The Official Disability Guidelines states that zolpidem (Ambien) is indicated for short-term treatment of insomnia with difficulty of sleep onset 7 to 10 days. Although medical records indicate the patient has been prescribed Ambien in the past with benefit, Ambien should not be used long than 7-10 days. The request is therefore not medically necessary and appropriate.