

Case Number:	CM14-0003601		
Date Assigned:	01/31/2014	Date of Injury:	09/11/2006
Decision Date:	06/20/2014	UR Denial Date:	12/17/2013
Priority:	Standard	Application Received:	01/09/2014

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 Internal 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 injured worker is a 51 year old male who reported an injury on 09/11/2006 due to an unknown mechanism. The clinical note dated 01/17/2014 indicated diagnose of lumbar strain, degenerative disc disease of the lumbar spine, broad based disc bulge, L3-4 without evidence for any disc herniations or protrusions, internal disc derangement of the L3-4/severe and L4-5, history of right L5 -S1 radiculopathy, postfusion syndrome, myofascial pain syndrome, chronic pain syndrome and psychiatric issues including depression and anxiety.the injured worker reported lower back. The injured worker reported his pain level was unchanged. The injured worker reported poor sleep and he had no new problems. The injured worker's medication regiment included Viagra, Percocet Lidoderm, Zanaflex, Cymbalta, Ambien and Kadian. The request for authorization was submitted on 12/10/2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

AMBIEN 10MG #20: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The Official Disability Guidelines state that Zolpidem is a prescription short-acting non-benzodiazepine hypnotic, which is approved for the short-term, usually two to six weeks, treatment of insomnia.. The injured worker has been prescribed Ambien since at least 10/2013 this exceeds the Guidelines' recommendation of two to six weeks. Therefore, per the ODG, the request for Ambien 10mg #20 is not medically necessary and appropriate.