

Case Number:	CM14-0007437		
Date Assigned:	02/07/2014	Date of Injury:	03/25/2002
Decision Date:	07/03/2014	UR Denial Date:	01/07/2014
Priority:	Standard	Application Received:	01/16/2014

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 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:

This is a 65-year-old male patient with a 3/25/02 date of injury. When he bent over to change a drilling piece, he had significant pain. 12/18/13 progress report indicated that the patient still had pain, which increased in cold weather. Objective findings demonstrated that the patient was tearful and crying, complained of depression and anxiety, as increased in low back pain. He had increased tenderness to the paraspinal muscles. Treatment included Percocet 5/325 mg, Effexor 37.5 mg and Ambien 5 mg. 10/23/013 progress note indicated that the patient was first prescribed Ambien 5 mg # 90. There was documentation of a previous 1/7/14 adverse determination, based on the fact that the duration of Ambien use had exceeded the maximum recommended period of time.

IMR ISSUES, DECISIONS AND RATIONALES

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

RETROSPECTIVE REQUEST FOR 1 PRESCRIPTION OF AMBIEN 5MG #60 12/18/2013: 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, AmbienX Other Medical Treatment Guideline or Medical Evidence: FDA (Ambien).

Decision rationale: CA MTUS does not address this issue. ODG and the FDA state that Ambien is approved for the short-term (usually two to six weeks) treatment of insomnia. Additionally, pain specialists rarely, if ever, recommend Ambien for long-term use. The patient presented with the pain in the lower back, radiating to the lower extremities. He was first prescribed Ambien 5 mg #90 on 10/23/2013; there was no assessment of sleep hygiene. 12/18/13 progress report also documented an Ambien prescription #60. However, there remains no clinical assessment to support a diagnosis of sleep disorder in this patient. In addition, it is not recommended to use hypnotics for more than 6 weeks. There is no recent assessment of sleep pattern disturbances. More importantly, the patient's response to previous Ambien therapy was not properly assessed. Therefore, the request for RETROSPECTIVE REQUEST FOR 1 PRESCRIPTION OF AMBIEN 5MG #60 12/18/2013 was not medically necessary.