

Case Number:	CM14-0007875		
Date Assigned:	02/07/2014	Date of Injury:	03/23/2000
Decision Date:	07/21/2014	UR Denial Date:	01/08/2014
Priority:	Standard	Application Received:	01/17/2014

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 Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Tennessee. 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 male with a 3/23/00 date of injury. He was working as a cement mason and slipped on an electrical pipe hole while in the process of walking backwards. On 12/6/13, the patient is s/p an ESI on 8/5/13 which provided approximately 50% pain relief and decreased his medication use. Objective exam was not documented. Diagnostic Impression: Lumbosacral sprain, L4-5 disc herniation, s/p bilateral hip arthroplasties. Treatment to date: medication management, activity modification, ESI. A UR decision dated 1/8/14 denied the request for Ambien because the patient has been on it long-term beyond the recommended 2 to 6 week period. There is no documentation of failure of behavioral interventions following sleep hygiene techniques.

IMR ISSUES, DECISIONS AND RATIONALES

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

AMBIEN 10MG (#30): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Illness & Stress Chapter, Zolpidem.

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 Other Medical Treatment Guideline or Medical Evidence: FDA (Ambien).

Decision rationale: 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. However, this patient has a 2000 date of injury. It is unclear from the records provided how long the patient has been on Ambien, but it would only be supported by guidelines if it were for a short-term supply for 2 to 6 weeks. There is no documentation of alternative methods of sleep hygiene being discussed with the patient. Therefore, the request for Ambien 10 mg #30 was not medically necessary.