

Case Number:	CM14-0101463		
Date Assigned:	07/30/2014	Date of Injury:	04/22/2005
Decision Date:	09/09/2014	UR Denial Date:	06/25/2014
Priority:	Standard	Application Received:	07/01/2014

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 Physical Medicine and Rehabilitation, and is licensed to practice in Nevada. 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 52-year-old gentleman who was reportedly injured on April 22, 2005. The mechanism of injury is not listed in these records reviewed. The most recent progress note, dated May 20, 2014, indicates that there are ongoing complaints of neck pain, thoracic pain, and low back pain. Current medications include Neurontin, Prilosec, Zoloft, Ambien, Albuterol, Singulair, Lisinopril, Insulin, Plavix, Amlodipine and Colace. A musculoskeletal examination was performed on the left ankle due to a recent ankle injury. This indicated mild ecchymosis at the medial and lateral aspects. Diagnostic imaging studies of the lumbar spine revealed no evidence of a recurrent residual disc. Previous treatment includes lumbar spine decompressive surgery from L4 through S1 in 2006. A request was made for Ambien and was not certified in the pre-authorization process on June 25, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ambien 10mg #30 Refills: 4: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Zolpidem (Ambien).

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

Integrated Treatment/Disability Duration Guidelines; Pain (Chronic) - Ambien (updated 07/10/14).

Decision rationale: According to the Official Disability Guidelines, Zolpidem (Ambien) is a prescription short-acting non-benzodiazepine hypnotic, which is approved for the short-term (usually two to six weeks) treatment of insomnia. The guidelines specifically do not recommend them for long-term use for chronic pain. A review of the medical record indicates that there have been successive prescriptions written for Ambien. As such, this request for Ambien is not medically necessary.