

Case Number:	CM14-0104499		
Date Assigned:	07/30/2014	Date of Injury:	04/15/2013
Decision Date:	09/29/2014	UR Denial Date:	06/23/2014
Priority:	Standard	Application Received:	07/07/2014

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 62-year-old male with a 4/15/13 date of injury, when he injured his lower back while was on a tractor and was struck by another tractor. The patient was seen on 3/28/14 with complaints of ongoing low back pain radiating into the left lower extremity and a history of a left L5 radiculopathy. Exam findings revealed positive straight leg raising test on the left at 20 degrees. The patient was taking Norco, meloxicam, nortryptiline and Ambien. The patient was seen on 7/29/14 for the follow up visit. The patient stated that his symptoms did not change and he has been working regular duty. He complained of 5/10 aching lower back pain radiating down to the lower leg. The physical examination revealed reduced range of motion in the lumbar spine and positive straight raising test bilaterally. The patient was not able to walk on his toes on the left leg. The diagnosis is lumbosacral neuritis, cervical/thoracic/lumbar strain. Treatment to date: steroid injections, medication, work restriction and home exercise program. An adverse determination was received on 6/23//14. The determination letter was not available for the review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pharmacy purchase of Zolpidem tartrate 5mg #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).

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 FDA (Ambien).

Decision rationale: CA MTUS does not address this issue. ODG and the FDA state that Ambien (Zolpidem tartrate) 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 progress notes stated that the patient was using Ambien at least from 3/28/14, however it is not clear if the patient was using it every night. There is a lack of documentation indicating the patient's sleep improvement with this medication and there is no description of the patient's sleep hygiene. In addition, there is no rationale with regards to Ambien usage. Therefore, the request for Zolpidem tartrate 5mg #30 was not medically necessary.