

Case Number:	CM14-0010908		
Date Assigned:	02/21/2014	Date of Injury:	02/28/2013
Decision Date:	06/25/2014	UR Denial Date:	01/02/2014
Priority:	Standard	Application Received:	01/27/2014

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:

The applicant is a represented [REDACTED] employee who has filed a claim for chronic low back pain, chronic neck pain, and headaches reportedly associated with an industrial injury of February 28, 2013. Thus far, the applicant has been treated with analgesic medications, sleep aids, attorney representation, transfer of care to and from various providers in various specialties, unspecified amounts of aquatic therapy and unspecified amounts of acupuncture. In a Utilization Review Report dated January 2, 2014, the claims administrator approved request for Vicodin while denying a request for Ambien. The applicant's attorney subsequently appealed. In a medical-legal evaluation dated November 13, 2013, it was stated that the applicant had been discharged by his former employer after missing about a one month of time on total temporary disability. The applicant stated that his former employer accused him of intimidating a co-worker. In a primary treating physician report dated October 8, 2013, the applicant was described as transferring care to a new primary treating provider (PTP) reportedly at the request of his attorney. The applicant reported neck pain, low back pain, left leg pain, headaches, and sleep disturbance. Prescriptions for Naprosyn, Tramadol, Omeprazole, and AppTrim were endorsed, along with MRI imaging of lumbar spine and electrodiagnostic testing of the lower extremities. It appears that Ambien was later prescribed, although its usage was not specifically detailed on the progress note in question.

IMR ISSUES, DECISIONS AND RATIONALES

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

AMBIEN 10 MG 30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Pain, Insomnia Treatment.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 7. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chronic Pain Chapter, Zolpidem.

Decision rationale: The California MTUS does not specifically address the topic. While the ODG Chronic Pain Chapter Zolpidem topic does state that Zolpidem or Ambien is indicated in the short-term treatment of insomnia, typically on the order of two to six weeks, in this case, however, it was not clearly stated whether the request represented a first-time request or a renewal request. The attending provider did not specifically state whether the applicant had used this medication in the past. The attending provider did not discuss selection of Ambien in any progress note provided. As noted on page 7 of the California MTUS Chronic Pain Medical Treatment Guidelines, it is incumbent on the prescribing provider to base choice of pharmacotherapy on the type of pain to be treated and other applicant-specific variables such as comorbidities, other medications, and allergies. In this case, no clear discussion of the rationale for selection of Ambien was provided. Therefore, the request is/was not medically necessary.