

<b>Case Number:</b>	CM14-0014226		
<b>Date Assigned:</b>	07/02/2014	<b>Date of Injury:</b>	05/14/2002
<b>Decision Date:</b>	07/31/2014	<b>UR Denial Date:</b>	01/07/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/04/2014

### 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 Emergency Medicine and is licensed to practice in New York. 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 patient is a 64 year old male who was injured on May 14, 2002. The patient continued to experience neck pain. Physical examination was notable for paracervical muscle spasm and tenderness in the cervical facet joints bilaterally. Diagnoses included lumbar spine pain, cervical radiculopathy, shoulder pain, and facet syndrome. Treatment included medications, cervical medical branch rhizotomy, and home exercise program. Requests for authorization for Ambien 5 mg, #30 and Imuhance 450 mg # 90, were submitted for consideration.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**AMBIEN 5 MG # 30:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Integrated Treatment/Disability Duration Guidelines, Stress & Mental Illness Chapter.

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

**Decision rationale:** Ambien is the drug Zolpidem. Zolpidem is a prescription short-acting non-benzodiazepine hypnotic, which is approved for the short-term (usually two to six weeks) treatment of insomnia. In this case the patient does not have a diagnosis of insomnia. In addition

the patient has been receiving the Ambien since at least June 2013. The duration of treatment surpasses the recommended short-term duration of two to six weeks. As such, the request is not medically necessary and appropriate.

**IMUHANCE 450 MG # 90:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Pain Chapter, medical food section.

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

**Decision rationale:** Imuhance is a cluster of herbal extracts and natural molecules. It is classified as a Food supplement. It contains Greenmunox, barley grass powder, Focagox, sulforaphane, and broccoli sprout powder. It was developed to support the integrity and functions of the immune system. Neither Imuhance nor its ingredients are mentioned in recommended medical foods. The lack of evidence does not allow determination of efficacy or safety. As such, the request is not medically necessary and appropriate.