

Case Number:	CM14-0014781		
Date Assigned:	02/28/2014	Date of Injury:	06/22/2010
Decision Date:	06/27/2014	UR Denial Date:	01/21/2014
Priority:	Standard	Application Received:	02/05/2014

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 family Medicine and is licensed to practice in Utah. 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 52 year-old male. The patient's date of injury is Sept 25, 2009 to June 22, 2010. The mechanism of injury is stated as repetitive lifting, cutting and pushing beams. The patient has been diagnosed with Lumbar spine sprain and disc bulges at multiple levels, sleep difficulty, chest pain irritable bowel syndrome, diabetes, reflux and depression. The patient's treatments have included injections, medications, imaging studies and physical therapy. The physical exam findings showed back pain that radiated to the left leg, which included numbness and tingling. Medications include, but are not limited to, Vicodin, Demerol, Phenergan, Tylenol #3, Robaxin, Actos, Isosorbide, Metoprolol, Ecotrin, Simvastatin, Omeprazole, Captopril, Glyburide, Metformin and Tramadol

IMR ISSUES, DECISIONS AND RATIONALES

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

ZOLPIDEM (AMBIEN) 10MG: 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), Zolpidem Section.

Decision rationale: The MTUS treatment guidelines were reviewed in regards to this specific case. There is no specific mention of Ambien/Zolpidem in the MTUS. Other guidelines were used, the official disability guidelines, and the clinical documents were reviewed. The request is for Zolpidem. Guidelines state that these medications should be use for the shortest course possible for the patient. It appears that the patient has been using the medication for the past several years. There was a taper that was recommended and approved, and also other treatment modalities recommended. The request that I have does not include amount or duration for the medications. According to the clinical documentation provided and current MTUS guidelines; Zolpidem is not indicated as a medical necessity to the patient at this time.