

Case Number:	CM14-0015548		
Date Assigned:	02/28/2014	Date of Injury:	10/15/1990
Decision Date:	07/03/2014	UR Denial Date:	02/03/2014
Priority:	Standard	Application Received:	02/06/2014

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 Illinois. 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 57-year-old female who reported an injury on 10/15/1990, and the mechanism of injury was from lifting a patient. The patient's current diagnoses include failed back surgery x3, and lumbar radiculitis. Per the clinical note dated 01/10/2014, the physician reported the patient continued to have ongoing low back pain rated at a 6/10. He indicated the medications helped improve her functional activities of daily living. The physician did not provide information to address why the patient's needed the medication. The current request dated if for a prescription for zolpidem (Ambien).

IMR ISSUES, DECISIONS AND RATIONALES

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

PHARMACY PURCHASE OF ZOLPIDEM 10MG NUMBER SIXTY (60): 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), Pain Chapter, Web Edition.

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, Zolpidem.

Decision rationale: The California MTUS/ACOEM Guidelines do not address zolpidem (Ambien). However, the Official Disability Guidelines indicate zolpidem (Ambien) is appropriate for short-term treatment of insomnia, generally 2 to 6 weeks. The clinical documentation provided did not include a physical examination and did not indicate the patient was having sleeping difficulty. The documentation failed to indicate the efficacy of the medication and the frequency the medication was to be taken. Therefore, the request for pharmacy purchase of zolpidem 10 mg, #60, is not medically necessary.