

Case Number:	CM14-0114149		
Date Assigned:	08/01/2014	Date of Injury:	07/27/1998
Decision Date:	11/25/2014	UR Denial Date:	07/10/2014
Priority:	Standard	Application Received:	07/21/2014

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 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:

According to the records made available for review, this is a 74-year-old male with a 7/27/98 date of injury. At the time (7/1/14) of request for authorization for Ambien 10 mg #20, there is documentation of subjective (low back pain and leg pain) and objective (antalgic gait and diffuse tenderness to palpitation over the lumbar/sacral region) findings, current diagnoses (lumbar post laminectomy syndrome, lumbar degenerative disc disease, lumbar facet arthropathy, and muscle spasm), and treatment to date (physical therapy and medications (including ongoing treatment with Ambien since at least 1/17/14)). There is no documentation of Insomnia, short-term (less than two to six weeks) treatment, and functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of Ambien use to date.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ambien 10 mg #20: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines- Stress and 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) Chronic Pain Chapter, Zolpidem

Decision rationale: MTUS does not address this issue. ODG identifies Ambien (zolpidem) as a prescription short-acting non-benzodiazepine hypnotic, which is approved for the short-term (usually two to six weeks) treatment of insomnia. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. Within the medical information available for review, there is documentation of diagnoses of lumbar post laminectomy syndrome, lumbar degenerative disc disease, lumbar facet arthropathy, and muscle spasm. However, there is no documentation of Insomnia. In addition, given documentation of records reflecting prescription for Ambien since at least 1//17/14, there is no documentation of short-term (less than two to six weeks) treatment. Furthermore, given documentation of ongoing treatment with Ambien, there is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of Ambien use to date. Therefore, based on based on guidelines and a review of the evidence, the Ambien 10 mg #20 is not medically necessary.