

Case Number:	CM14-0120423		
Date Assigned:	08/08/2014	Date of Injury:	12/12/2006
Decision Date:	09/29/2014	UR Denial Date:	07/02/2014
Priority:	Standard	Application Received:	07/28/2014

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:

This is a 47-year-old female with a 12/12/06 date of injury. The mechanism of injury was not noted. According to a handwritten progress report dated 7/24/14, the patient complained of severe pain in the lumbar spine. Objective findings include tenderness of lumbar spine and bilateral SI joints, decreased ROM secondary to pain, and decreased sensation at left S1 dermatome. Diagnostic impressions are herniated disc lumbosacral spine, and lumbar radiculitis/neuritis. Treatment to date includes medication management, activity modification, and surgery. A UR decision dated 7/2/14, denied the request for Ambien CR. There was no clear detail provided as to why the patient requires this particular prescription sleeping agent instead of using an over-the-counter sleeping agent. This type of medication is not supported in the guideline criteria for the long-term due to being habit forming and may impair function and memory and also may increase pain and depression over the long term.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ambien CR 12.5mg #30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

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, Ambien Other Medical Treatment Guideline or Medical Evidence: FDA (Ambien).

Decision rationale: CA MTUS does not address this issue. Official Disability Guidelines (ODG) and the Food and Drug Administration (FDA) state that Ambien is approved for the short-term (usually two to six weeks) treatment of insomnia. Additionally, pain specialists rarely, if ever, and recommend Ambien for long-term use. It is unclear how long the patient has been taking Ambien CR. In addition, there is no documentation that the patient is suffering from insomnia. There is no documentation that the provider has discussed proper sleep hygiene with the patient. Therefore, the request for Ambien CR 12.5Mg #30 was not medically necessary.