

Case Number:	CM14-0129310		
Date Assigned:	08/18/2014	Date of Injury:	02/06/2006
Decision Date:	09/18/2014	UR Denial Date:	07/28/2014
Priority:	Standard	Application Received:	08/12/2014

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 Medicine and is licensed to practice in Texas. 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 sustained an injury on 02/06/06 while pushing stacks of covering material with both hands and the upper body. The injured worker felt a sharp low back pain. The injured worker was followed for ongoing complaints of low back pain. There also appeared to be concurrent depression and anxiety issues secondary to chronic pain. The injured worker was seen by doctor the injured worker was seen on 07/16/14 for a psycho pharmacological follow up. At this visit the injured worker was utilizing Ambien 5mg daily lorazepam .4.5mg daily sin hydrocodone three times daily Wellbutrin 200mg in the morning Cymbalta 60mg twice daily and Ibuprofen. The injured worker was found to have continued elevated anxiety findings on BAI testing. The injured worker was assessed with major depression and anxiety and was recommended to continue with cognitive behavioral therapy. Medications were continued at this visit including Cymbalta lorazepam and Ambien. Wellbutrin was discontinued. Ambien 5mg quantity 30 for 6 months was denied by utilization review on 07/28/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ambien 5mg #30 one qhs prn x6 months to titrate or change as needed: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines-Treatment for Worker's Compensation, Pain chapter (updated 7/10/14)Zolpiderm (Ambien).

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: In regards to the use of Ambien 5mg quantity 30 for 6 months, this reviewer would not have recommended this medication as medically necessary based on the clinical documentation provided for review and current evidence based guideline recommendations. The use of Ambien to address insomnia is recommended for a short term duration no more than 6 weeks per current evidence based guidelines. The clinical documentation submitted for review does not provide any indications that the use of Ambien has been effective in improving the claimant's overall functional condition. As such, this request is not medically necessary.