

Case Number:	CM14-0132588		
Date Assigned:	08/25/2014	Date of Injury:	08/11/2011
Decision Date:	10/22/2014	UR Denial Date:	08/06/2014
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 Physical Medicine and Rehabilitation and is licensed to practice in Nevada. 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 records presented for review indicate that this 32 year old gentleman was reportedly injured on August 9, 2011. The most recent progress note, dated July 22, 2014, indicates that there are ongoing complaints of low back pain. Previous treatment includes the use of an H wave unit and oral medications. The physical examination demonstrated spasms of the bilateral lumbar spine paraspinal muscles and a negative bilateral straight leg raise test. There was normal gait and normal sensation in the lower extremities. Diagnostic imaging studies of the lumbar spine revealed a paracentral disc extrusion at L1 - L2 extending into the left L2 lateral recess. There was also a broad-based disc protrusion at L3 - L4 and L4 - L5 and a disc bulge at L5 - S1. A request was made for Ambien 5 milligrams tablet and was not certified in the preauthorization process on August 6, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ambien 5mg Tablets with 1 refill: 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) - TWC/ODG

Integrated Treatment/Disability Duration Guidelines; Pain (Chronic) - Ambien (updated 10/06/14).

Decision rationale: Zolpidem (Ambien) is a prescription short acting nonbenzodiazepine hypnotic, which is approved for the short term (usually two to six weeks) treatment of insomnia. The guidelines specifically do not recommend them for long term use for chronic pain. review of the medical records indicates this medication has been prescribed for an extended period of time and this request does not indicate how many tablets are requested. As such, this request is not medically necessary.