

Case Number:	CM14-0132855		
Date Assigned:	08/27/2014	Date of Injury:	09/18/2000
Decision Date:	10/24/2014	UR Denial Date:	07/19/2014
Priority:	Standard	Application Received:	08/19/2014

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, has a subspecialty in Pain Medicine and is licensed to practice in Texas and Ohio. 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 43-year-old female with a reported injury on 09/18/2000. The mechanism of injury was that she was struck by a pallet jack. The injured worker's diagnoses included disc bulge in the lumbar spine with spinal stenosis and internal derangement to the bilateral knees. The injured worker's previous treatments included medications and physical therapy. The injured worker's diagnostic testing included a lumbar spine MRI on 05/05/2011. No pertinent surgical history was provided. The injured worker was evaluated on 06/19/2014, for complaints of lower back and bilateral knee pain. The clinician observed and reported that the inspection of the lumbar spine revealed no gross deformity. There was spasm present about the lower lumbar region. The injured worker complained of pain with motion including shooting pain into the right lower extremity. There was point tenderness upon palpation of the paraspinal area. Straight leg raise was positive on the right. The lumbar spine range of motion was measured at 45 degrees of flexion, 25 degrees of extremity, and 20 degrees of lateral bend bilaterally. Focused examination of the knees revealed crepitus bilaterally. There was no muscle atrophy. There was moderate effusion bilaterally. There was point tenderness upon palpation along the medial and lateral joint lines bilaterally. Range of motion was measured at 0 degrees of extension bilaterally, 125 degrees of flexion on the right, and 135 degrees of flexion on the left. Lower extremity motor strength was measured at 5/5 bilaterally, and decreased sensation was noted along the right lateral thigh. Deep tendon reflexes were normal bilaterally. The injured worker's medications included Ambien 5 mg 2 at bedtime, Anaprox 550 mg 1 twice per day, Protonix 20 mg 1 twice per day, Xanax 0.25 mg 1 twice per day, Prozac 20 mg 1 daily, Soma 350 mg 1 every 6 to 8 hours as needed for spasm, and Ultram 50 mg 1 every 6 to 8 hours as needed for pain. The request for was Ambien 5 mg tablets 2 tablets at bedtime #60 for the

lumbar spine and bilateral knees. No rationale for the request was provided. Request for Authorization forms were submitted on 06/23/2014 and 06/30/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ambien 5 MG Tablets, 2 Tabs at Bedtime #60 for The Lumbar Spine and Bilateral Knees:
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: Insomnia

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Zolpidem.

Decision rationale: The request for Ambien 5 MG Tablets, 2 Tabs at Bedtime #60 for the Lumbar Spine and Bilateral Knees is not medically necessary. The injured worker continued to complain of low back and knee pain. The Official Disability Guidelines recommend Ambien for the short term (usually 2 to 6 weeks) treatment of insomnia. The provided documentation did not include a diagnosis of insomnia. Ambien has been listed in the injured worker's medications since at least 01/15/2014 which exceeds the recommendation of 2 to 6 weeks of treatment. Therefore, the request for Ambien 5 MG Tablets, 2 Tabs at Bedtime #60 for the Lumbar Spine and Bilateral Knees is not medically necessary.