

Case Number:	CM14-0150306		
Date Assigned:	09/18/2014	Date of Injury:	02/12/2002
Decision Date:	10/17/2014	UR Denial Date:	09/02/2014
Priority:	Standard	Application Received:	09/15/2014

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 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 52-year-old male with a 2/12/02 date of injury. At the time (8/21/14) of the Decision for authorization for Ambien 5mg #20, there is documentation of subjective (mid and low back pain radiating to right lower extremity) and objective (tenderness to palpation over bilateral thoracolumbar paraspinal muscles and spinous process) findings, current diagnoses (chronic low back pain, lumbar radiculopathy, and myofascial pain), and treatment to date (medications (including ongoing treatment with Duragesic patch, Percocet, Gabapentin, and Clonidine patch)). There is no documentation of insomnia and the intention to treat over a short course (less than two to six weeks).

IMR ISSUES, DECISIONS AND RATIONALES

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

Ambien 5mg #20: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG (Official Disability Guidelines); Insomnia treatment

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 nonbenzodiazepine hypnotic, which is approved for the short-term (usually two to six weeks) treatment of insomnia. Within the medical information available for review, there is documentation of diagnoses of chronic low back pain, lumbar radiculopathy, and myofascial pain. However, there is no documentation of insomnia. In addition, given documentation of a request for Ambien #20, there is no (clear) documentation of the intention to treat over a short course (less than two to six weeks). Therefore, based on guidelines and a review of the evidence, the request for Ambien 5mg #20 is not medically necessary.