

Case Number:	CM14-0153735		
Date Assigned:	09/23/2014	Date of Injury:	02/24/2003
Decision Date:	10/24/2014	UR Denial Date:	09/11/2014
Priority:	Standard	Application Received:	09/19/2014

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 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:

According to the records made available for review, this is a 61-year-old female with a 2/24/03 date of injury. At the time (8/18/14) of request for authorization for Retrospective request for Ambien 10mg, QTY: 60, for the date of service (DOS) 8/18/14, there is documentation of subjective (right leg pain) and objective (allodynia and edema of the right foot, right skin temp is slightly cooler than the left, and antalgic gait) findings, current diagnosis (complex pain regional syndrome of the right leg), and treatment to date (medications (including Ambien since at least 2/28/14)). There is no documentation of insomnia, short-term (usually two to six weeks) treatment, and functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of Ambien use.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective request for Ambien 10mg, QTY: 60, for the date of service (DOS) 8/18/14:
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)

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, Other Medical Treatment Guideline or Medical Evidence: Title 8, California Code of Regulations, section 9792.20

Decision rationale: MTUS does not address this issue. ODG identifies Ambien (Zolpidem) as a prescription short-acting non benzodiazepine hypnotic, which is approved for the short-term (usually two to six weeks) treatment of insomnia. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. Within the medical information available for review, there is documentation of a diagnosis of complex pain regional syndrome of the right leg. However, there is no documentation of insomnia. In addition, given documentation of records reflecting prescriptions for Ambien since at least 2/28/14, there is no documentation of short-term (less than two to six weeks) treatment. Furthermore, there is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of Ambien use. Therefore, based on guidelines and a review of the evidence, the Retrospective request for Ambien 10mg, QTY: 60, for the date of service (DOS) 8/18/14 is not medically necessary.