

Case Number:	CM14-0156607		
Date Assigned:	09/26/2014	Date of Injury:	04/13/2006
Decision Date:	10/20/2014	UR Denial Date:	09/08/2014
Priority:	Standard	Application Received:	09/24/2014

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 Internal Medicine and is licensed to practice in New York. 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 claimant is a 54 year old male who sustained an industrial injury on 04/13/2006. The mechanism of injury was not provided for review. His diagnoses include chronic low back pain, lumbago, thoracic or lumbosacral neuritis or radiculitis, lumbosacral root lesions, adjustment disorder with depressed mood, and gastritis due to NSAID medication. He continues to complain of low back pain and will be undergoing L4-L5 spinal decompression before fusion. On exam there is decreased range of motion of the lumbar spine with increased pain with extension and tenderness over the paralumbar extensors and facet joint. Straight leg raise test is positive on the left and motor strength is 4/5 with right plantar/dorsiflexion. The claimant is under the care of a Psychiatrist and is maintained on medical therapy. Treatment includes medical therapy with Norco, Nabumetome, Cyclobenzaprine, Gabapentin, Prilosec, Wellbutrin XL, Ativan, Ambien Trazadone, and Deplin. The treating psychiatrist has requested Ambien 10mg 1 tab every other day # 15.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ambien 10mg 1 tab every other day #15: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Mental Illness and Stress Chapter

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation (ODG) Pain Chapter X Other Medical Treatment Guideline or Medical Evidence: Medscape Internal Medicine- Treatment of Insomnia 2012

Decision rationale: Ambien is a short-acting nonbenzodiazepine hypnotic indicated for the short-term treatment (two to six weeks) for managing insomnia. Long-term use is not recommended as there are associated risks of impaired function and memory with use more than opioids, as well as Ambien may be habit forming. The documentation indicates that the patient is also maintained on Trazadone and Ativan. Medical necessity for the requested item has not been established. There is no documentation provided indicating medical necessity for Ambien.