

Case Number:	CM14-0169134		
Date Assigned:	10/17/2014	Date of Injury:	11/22/1996
Decision Date:	11/19/2014	UR Denial Date:	10/01/2014
Priority:	Standard	Application Received:	10/14/2014

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 General Preventive Medicine and is licensed to practice in Indiana. 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:

This employee is a 62 year old female with date of injury of 11/22/1996. A review of the medical records indicates that the injured worker is undergoing treatment for intervertebral disc disease and lumbar radiculopathy. Subjective complaints include continued pain in her lower back with radiation down bilateral lower extremities. Objective findings include reduced range of motion of the lumbar spine with tenderness upon palpation of the paravertebrals; positive straight leg raise bilaterally; strength 5/5 in bilateral lower limbs; MRI showing an L4-S1 fusion. Treatment has included Fiorinal, Lidoderm patch, Mobic, Norco, Xanax, and Biofreeze gel. The utilization review dated 10/1/2014 non-certified Ambien 10mg #120.

IMR ISSUES, DECISIONS AND RATIONALES

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

3 Ambien 10 MG Tablet, 4 By Mouth Every Hour Quantity 120 3 Refills: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Goodman and Gilman's The Pharmacological Basis of Therapeutics, 12th ed. McGraw Hill, 2010.

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

Decision rationale: The CA MTUS is silent regarding this topic. ODG states that Zolpidem is a "prescription short acting non-benzodiazepine hypnotic, which is approved for short-term treatment of insomnia." In this case, the injured worker has been taking this medication for an unspecified period of time. There has been no discussion of the injured worker's sleep hygiene or the need for variance from the guidelines, such as "a) Wake at the same time everyday; (b) Maintain a consistent bedtime; (c) Exercise regularly (not within 2 to 4 hours of bedtime); (d) Perform relaxing activities before bedtime; (e) Keep your bedroom quiet and cool; (f) Do not watch the clock; (g) Avoid caffeine and nicotine for at least six hours before bed; (h) Only drink in moderation; & (i) Avoid napping." Medical documents also do not include results of these first line treatments, if they were used in treatment of the patient's insomnia. ODG additionally states "The specific component of insomnia should be addressed: (a) Sleep onset; (b) Sleep maintenance; (c) Sleep quality; & (d) Next-day functioning." Medical documents provided do not detail these components. As such, the request for Ambien is not medically necessary.