

Case Number:	CM14-0172504		
Date Assigned:	10/23/2014	Date of Injury:	03/21/2006
Decision Date:	12/10/2014	UR Denial Date:	10/06/2014
Priority:	Standard	Application Received:	10/17/2014

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:

The underlying date of injury in this case is 03/21/2006. The date of the utilization review under appeal is 10/06/2014. The treating diagnoses include cervical disc herniation, cervical radiculitis, lumbar radiculopathy/radiculitis, lumbar disc herniation, and lumbar intervertebral disc disorder. A primary treating physician PR-2 note of 08/14/2014 notes that the patient was seen in follow-up regarding limited range of motion to the neck and arms associated with severe muscle spasms. The patient also reported low back pain and limited motion of the lumbar spine with tingling and numbness to both legs and low back pain, worse when standing on uneven surfaces or standing up from a sitting position. The treating physician requested cervical epidural injections and a lumbar facet block and also provided trigger point injection to the cervical spine. On 04/01/2014, the primary treating physician progress report noted the diagnoses additionally included chronic opioid dependency, anxiety, decreased libido, and insomnia.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ambien 10mg #30, 1 refill: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Treatment Integrated Treatment/Disability Duration Guidelines Mental Illness & Stress

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

Decision rationale: The Medical Treatment Utilization Schedule does not directly discuss indications for Ambien. The Official Disability Guidelines/Treatment in Workers Compensation/Pain, discuss insomnia treatment. This guideline does not recommend pharmacological treatment of insomnia until after careful evaluation of potential causes of sleep disturbance. This guideline also notes that Ambien is indicated for short-term use up to 10 days. The records contain very limited documentation regarding assessment of the cause of this patient's sleep difficulties, and the records do not clarify a rationale as to why Ambien would be indicated in the current chronic setting. Therefore, this request is not medically necessary.