

Case Number:	CM14-0174652		
Date Assigned:	10/27/2014	Date of Injury:	02/09/2009
Decision Date:	12/05/2014	UR Denial Date:	10/13/2014
Priority:	Standard	Application Received:	10/21/2014

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, has a subspecialty in Interventional Spine 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 patient is a 53-year-old female with date of injury of 02/29/2009. The listed diagnoses per [REDACTED] from 09/17/2014 are sacroiliitis; lumbosacral spondylosis without myelopathy; fibromyalgia/myositis; cervicgia; and facet joint syndrome. According to this report, the patient complains of low back and leg pain. The patient describes her pain as constant, sharp, and burning; an average of about 7/10. The patient also complains of neck pain with radiation into the right greater than the left upper extremities. The patient's current list of medications includes oxycodone. The examination shows the patient is alert, well developed, in no acute distress. There is no atrophy or wasting in the cervical spine, no evidence of scar, spasms, or deformity. Range of motion of the cervical spine is reduced. There is tenderness present in the cervical paravertebral regions bilaterally at C5-C6, C6-C7, and C7-T1 level. Spurling's test is positive on the right for neck pain as well as radiculopathy. Spurling's test is positive on the left for neck pain only. Decreased sensation in the right arm at C6 dermatome. The reports include urine drug screens from 04/01/2014 and 04/29/2014, an MRI of the cervical spine from 07/31/2014 and a sacroiliac joint injection procedure note from 09/25/2014. The utilization review denied the request on 10/13/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ambien 5mg #28: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) under the Mental Illness and Stress chapter on Zolpidem

Decision rationale: This patient presents with low back and leg pain. The provider is requesting Ambien 5 Mg Quantity 28. The MTUS and ACOEM Guidelines are silent with regards to this request; however, Official Disability Guidelines under the Mental Illness and Stress chapter on Zolpidem states that it is indicated for short-term treatments of insomnia with difficulty of sleep onset for 7 to 10 days. The records show that the patient was prescribed Ambien on 09/17/2014. MTUS does not support the long-term use of this medication. Therefore, this request is not medically necessary.