

Case Number:	CM14-0020912		
Date Assigned:	06/11/2014	Date of Injury:	04/12/1995
Decision Date:	07/14/2014	UR Denial Date:	02/18/2014
Priority:	Standard	Application Received:	02/19/2014

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 Orthopaedic Surgery 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 injured worker is a 62 year-old female injured on 4/12/1995. The mechanism of injury is noted as slip and fall. The previous utilization review references a progress note dated 2/6/2014, but that progress note is not provided for this independent medical review. The reviewer indicates that the progress note documented an ongoing complaint of low back pain. Physical examination: Lumbar spine range of motion: flexion 90, bilateral lateral flexion 15. No imaging studies are mentioned. The injured worker has undergone a posterior lumbar laminectomy and an anterior fusion at L5-S1 in 2011 with removal hardware one month post-fusion. Current medications: Norco 10/30 and 25 mg, Lyrica 50 mg, Motrin 600 mg and Lidoderm patches. A request had been made for Ambien 10 mg and was not recommended in the pre-authorization process on 2/18/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

AMBIEN 10 MG #30: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) ODG -TWC / ODG Integrated Treatment/Disability Duration Guidelines; Pain (Chronic) - (updated 6/10/14).

Decision rationale: California Medical Treatment Utilization Schedule (CAMTUS)/ American College of Occupational and Environmental Medicine (ACOEM), does not address Ambien. Official Disability Guidelines (ODG) treatment guidelines support the use of Ambien for short-term (usually 2 to 6 weeks) treatment of insomnia. Given the date of injury, chronic low back pain after lumbar spine surgery, and the clinical notes provided, the request for a short-acting sleep medication is not considered medically necessary.