

Case Number:	CM14-0024400		
Date Assigned:	06/11/2014	Date of Injury:	01/08/2008
Decision Date:	07/15/2014	UR Denial Date:	01/23/2014
Priority:	Standard	Application Received:	02/26/2014

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 & Rehab 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 29 year old male with an injury date of 01/08/08. Based on the 06/19/13 progress report provided by [REDACTED], the patient complains of gastritis, low back pain, depression, and insomnia. He also has numbness, tingling, and burning of the skin. The patient's diagnoses include the following: 1. Crash injury of right foot multiple calcaneal fracture, status post necrotizing fasciitis, with nerve injury and internal derangement. 2. Right foot causalgia and increase ganglioma CRPS, status post-surgery 03/08/13. 3. Depression. 4. Compensatory lower back pain and hip right great then left pain. 5. Gastritis. [REDACTED] is requesting for Ambien 10 mg two (2) at hour of sleep (HS). The utilization review determination being challenged is dated 01/23/14. [REDACTED] is the requesting provider and he provided three treatment reports from 04/22/13, 06/19/13, and 08/23/13.

IMR ISSUES, DECISIONS AND RATIONALES

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

AMBIEN 10MG TWO (2) AT HOUR OF SLEEP (HS): Upheld

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

MAXIMUS guideline: The Expert Reviewer based his/her decision on the Citation:

Official Disability Guidelines (ODG) ODG.

Decision rationale: According to the 06/19/13 report by [REDACTED], the patient presents with gastritis, low back pain, depression, and insomnia. He also has numbness, tingling, and burning of the skin. The request is for Ambien 10 mg two (2) at hour of sleep (HS). The report with the request was not provided. There is no indication as to if the patient has already been taking Ambien. MTUS and ACOEM Guidelines do not address Ambien; however, ODG Guidelines states that zolpidem (Ambien) is indicated for short-term treatment of insomnia with difficulty of sleep onset 7 to 10 days. It is unknown when the request for Ambien was given or the impact Ambien had on the patient if the patient has already been taking it. Recommendation is not medically necessary and appropriate.