

<b>Case Number:</b>	CM14-0026031		
<b>Date Assigned:</b>	06/13/2014	<b>Date of Injury:</b>	01/29/2013
<b>Decision Date:</b>	07/16/2014	<b>UR Denial Date:</b>	02/20/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/28/2014

### 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 injured worker is a 40year old male who reported an injury on 01/29/2013. While carrying 2 buckets, his left leg slipped, causing him to fall, landing on his left buttock and left elbow. Upon exam on 02/27/2014, the injured worker had complained of constant pain to left knee and that the knee gives out on him. He reported that he has fallen a couple of times, and that his sleep is interrupted due to lower back pain and his knee locking up on him. He had a history of back injections on 3-4 occasions. He reported having received some physical therapy although, any physical documentation was not provided. His medications were Cymbalta, Meloxicam, Nortriptyline and Percocet. His diagnoses were musculoligamentous sprain/strain of lumbar spine with herniated nucleus pulposus at L4-5 and radiculopathy to left side of L4-5, and status post lumbar discectomy to right side L4-5 in 2004. It was recommended he have an MRI of the lumbar spine with contrast. The request for authorization and rationale were not provided.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**AMBIEN CR 12.5MG QUANTITY 5:** 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) medications, Zolpiden (Ambien).

**Decision rationale:** The request for Ambien CR 12.5mg: qty 5 is not medically necessary. The injured worker reported on 02/27/2014, constant pain in knee and had interrupted sleep due to lower back pain and the knee locking up .The Official Disability Guidelines states that Ambien CR causes a greater frequency of dizziness, drowsiness, and headaches compared to immediate release Ambien. The Official Disability Guidelines recommend cognitive behavioral therapy to be an important part of an insomnia treatment plan .There was not enough documentation provided regarding cognitive behavioral therapy. In addition, the request did not specify directions as to how often the medication was to be given. Therefore, the request for Ambien CR is not medically necessary.