

Case Number:	CM14-0035623		
Date Assigned:	06/23/2014	Date of Injury:	05/30/2003
Decision Date:	11/25/2014	UR Denial Date:	03/14/2014
Priority:	Standard	Application Received:	03/24/2014

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 50-year-old female with an injury date of 05/30/03. Based on the 03/04/14 progress report provided by [REDACTED], the patient complains of low back pain rated 7/10 that radiates to the left lower extremity, and poor quality of sleep. Her medications include Ambien, Lexapro, Neurontin, Norco, Zanaflex, and ASA for chest tightness. Patient has chronic pain which is managed by medications. She is taking Ambien with no side effects, and is able to initiate sleep easier. She also states being able to stay asleep uninterrupted for 2 to 3 hours. Ambien was prescribed in progress report dated 11/15/13. Patient is permanent and stationary. Diagnosis 03/04/14- Spinal/lumbar degenerative disc disease- lumbar radiculopathy- spasm of muscle [REDACTED] is requesting Ambien 10mg #20. The utilization review determination being challenged is dated 03/14/14. [REDACTED] is the requesting provider and he provided treatment reports from 11/15/13 - 07/03/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ambien 10mg #20: Upheld

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

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

Decision rationale: The patient presents with low back pain rated 7/10 that radiates to the left lower extremity, and poor quality of sleep. The request is for Ambien 10mg #20. Her diagnosis dated 03/04/14 included spinal/lumbar degenerative disc disease, lumbar radiculopathy and spasm of muscle. Patient has chronic pain which is managed by medications. The 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. Per treater report dated 03/04/14, patient states taking Ambien with no side effects, and being able to initiate sleep easier. She also states being able to stay asleep uninterrupted for 2 to 3 hours. Ambien was prescribed in progress report dated 11/15/13, and it has been 4 months from the utilization review date of 03/14/14. ODG does not recommend long-term use of this medication. Furthermore, the treater is requesting quantity 20. Recommendation is for denial.