

Case Number:	CM14-0037905		
Date Assigned:	06/25/2014	Date of Injury:	01/12/2006
Decision Date:	08/25/2014	UR Denial Date:	03/27/2014
Priority:	Standard	Application Received:	03/31/2014

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 Pain Management 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:

This case involves a 63 year old male with a 01/12/2006 date of injury. The mechanism of injury is unknown. On 03/27/2014 the Utilization Review non-certified the request for treatment based lack of insufficient information to support extended duration, per the guidelines. On 03/07/2014, the injured worker presented complains of low back and neck pain. The examination of the cervical revealed paraspinal spasms, tenderness of C6 and C7; tenderness over the greater occipital right and left; mildly restricted extensions. The lumbar spine examination revealed tenderness over L4 and L5; bilateral paraspinal spasms, and decreased range of motion by 25%. The injured workers diagnosis included cephalgia and lumbosacral pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Zolpidem Tartrate 10mg, #30 with 3 refills: 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)-Pain- Insomnia Treatment.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the

MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter ODG states Ambien, Ambien (Zolpidem) and Food and Drug Administration (FDA), Ambien (Zolpidem Tartrate), (<http://www.drugs.com/pro/ambien.html>).

Decision rationale: Official Disability Guidelines (ODG) and the Food and Drug Administration (FDA), state that Ambien is approved for the short-term treatment of two to six weeks for insomnia. The medical records did not identify the injured worker having insomnia and its characteristics, i.e. difficulties with sleep initiation. Furthermore, there was no evidence that the injured was following a sleep hygiene regimen which was insufficient to address any possible sleep difficulties. In addition, according to the records, it appears the injured worker had been taking Ambien for a prolonged period of time. However, there was no rationale identifying the need of Ambien beyond the FDA's usage recommendations of 2 -3 weeks. Furthermore, the request was for a 3 month supply of the medications and, per the FDA, Ambien should not be prescribed in quantities exceeding a 1 month supply. Based on the information provided and the guidelines, this request is not medically necessary.