

Case Number:	CM14-0038178		
Date Assigned:	06/25/2014	Date of Injury:	06/05/2002
Decision Date:	07/23/2014	UR Denial Date:	03/20/2014
Priority:	Standard	Application Received:	04/01/2014

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 Anesthesiology, 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:

According to the records made available for review, this is a 56-year-old female with a 6/5/02 date of injury. At the time (3/20/14) of request for authorization for Zolpidem (Ambien) unspecified, there is documentation of subjective (low back pain, pain average 8/10, lower extremity pain) and objective (tenderness to palpation of the distal lumbar spine bilaterally, positive straight leg raise, diminished sensation in the L4-S1 distribution mainly on the left) findings, current diagnoses (chronic lumbar spine and left greater than right lower extremity pain and radiculopathy on an industrial basis), and treatment to date (epidural injections, home exercise program, and medications (including Ambien since at least 12/13)). 3/11/14 medical report identifies that sleep has long been impacted by patient's injury and Ambien has been helpful without particular adverse effect.

IMR ISSUES, DECISIONS AND RATIONALES

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

Zolpidem (Ambien) Unspecified: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. 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) Chronic Pain Chapter, Zolpidem.

Decision rationale: MTUS does not address this issue. ODG identifies Ambien (Zolpidem) as a prescription short-acting nonbenzodiazepine hypnotic, which is approved for the short-term (usually two to six weeks) treatment of insomnia. Within the medical information available for review, there is documentation of diagnoses of chronic lumbar spine and left greater than right lower extremity pain and radiculopathy on an industrial basis. However, given documentation of records reflecting prescriptions for Zolpidem since at least 12/13, there is no documentation of the intention to treat over a short course (less than two to six weeks). Therefore, based on guidelines and a review of the evidence, the request for Zolpidem (Ambien) unspecified is not medically necessary.