

Case Number:	CM14-0044632		
Date Assigned:	07/02/2014	Date of Injury:	03/08/2011
Decision Date:	08/06/2014	UR Denial Date:	03/24/2014
Priority:	Standard	Application Received:	04/11/2014

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 36-year-old male who reported an injury on 03/08/2011. Prior treatments included pain medications, physical therapy, injections, and modification of activities. The documentation of 03/13/2014 revealed the injured worker had residual pain in the back and left leg. The injured worker's medications were noted to include Norco and Soma. The diagnoses include status post discectomy, laminectomy with decompression at L3-4, L4-5, and L5-S1, left sided radiculopathy L3-4, L4-5, and L5-S1, and disc extrusion, left paracentrally at L3-4, L4-5, and L5 causing left sided radiculopathy, radiculitis, and degenerative disc disease of the lumbar spine. The treatment plan included Norco 10/325 mg 1 to 2 every 4 to 6 hours as needed for pain #120 with 3 refills, Ambien 10 mg at bedtime as needed for sleep, and Cialis 20 mg 1 by mouth every 48 hours as needed for erectile dysfunction #15 with 3 refills, and a gym membership.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ambien 10 mg po q hs prn sleep #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

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, Zolpidem.

Decision rationale: The Official Disability Guidelines recommend Ambien for the short-term treatment of insomnia. Treatments should be limited to 6 weeks. The clinical documentation submitted for review failed to provide the duration of use for the requested medication. There was lack of documentation indicating the injured worker had complaints of insomnia. As such, this request would not be supported. Given the above, the request for Ambien 10 mg po q hs prn sleep #30 is not medically necessary.