

Case Number:	CM14-0057022		
Date Assigned:	07/09/2014	Date of Injury:	12/12/2001
Decision Date:	09/08/2014	UR Denial Date:	04/02/2014
Priority:	Standard	Application Received:	04/28/2014

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 Nevada. 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 49-year-old male who was reportedly injured on December 12, 2001. The mechanism of injury is not listed in these records reviewed. The most recent progress note dated January 23, 2014, indicates that there are ongoing complaints of low back pain radiating to the lower extremities. Current medications are stated to include Norco, Soma, Zolpidem, Diazepam and Lidoderm. The physical examination demonstrated an antalgic gait and ambulation with a walker. There was tenderness of the lumbar spine paraspinal muscles as well as lumbar facets. There was decreased lumbar spine range of motion and a positive straight leg raise test at 60. Examination the left knee noted tenderness at the medial and lateral joint lines and a positive McMurray's test on the left side. Diagnostic imaging studies of the lumbar spine indicated a broad-based disc protrusion at L1-L2 and L2-L3 with bilateral facet arthropathy. There was also a disc bulge at L3-L4 and fusion noted from L4-S1. Previous treatment includes an L4-L5 and L5-S1 laminectomy and discectomy as well as effusion performed on March 6, 2012 with a subsequent hardware removal and laminectomy discectomy of L2-L3 and L3-L4 with fusion and bone grafting on September 19, 2013. A request was made for Ambien and was not certified in the pre-authorization process on April 2, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ambien CR 12.5mg #30: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) - TWC/ODG Integrated Treatment/Disability Duration Guidelines; Pain (Chronic) - Ambien (updated 07/10/14).

Decision rationale: According to the Official Disability Guidelines, Zolpidem (Ambien) is a prescription short-acting non-benzodiazepine hypnotic, which is approved for the short-term (usually two to six weeks) treatment of insomnia. The guidelines specifically do not recommend them for long-term use for chronic pain. Even though this request is for 30 tablets, a review of the medical record indicates that there has been long-term usage of this medication. Therefore this request for Ambien CR 12.5mg #30 is not medically necessary.