

Case Number:	CM14-0059865		
Date Assigned:	07/09/2014	Date of Injury:	09/14/2011
Decision Date:	08/11/2014	UR Denial Date:	04/21/2014
Priority:	Standard	Application Received:	04/30/2014

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 50-year-old male with a 9/14/11 date of injury. At the time (4/21/14) of request for authorization for Ambien CR 12.5 mg, extended release, 1 nightly, #30, 1 refill must last 30 days, there is documentation of subjective (lower back pain and left leg pain, pain rated 7/10) and objective (blood pressure 142/90, BMI 35.1) findings, current diagnoses (lumbago/low back pain, and thoracic or lumbosacral neuritis or radiculitis unspecified), and treatment to date (medications (including Norco and Ambien since at least December of 2013)). There is no documentation of insomnia, an intention to treat over a short course, and functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services as a result of Ambien use to date.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ambien CR 12.5mg, extended release, 1 nightly, #30, 1 refill must last 30 days: 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) Pain Chapter, Zolpidem.

Decision rationale: MTUS does not address this issue. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. 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 lumbago/low back pain, and thoracic or lumbosacral neuritis or radiculitis unspecified. However, there is no documentation of insomnia. In addition, given documentation of records reflecting prescriptions for Ambien since at least December of 2013, there is no documentation of the intention to treat over a short course (less than two to six weeks). Furthermore, there is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services as a result of Ambien use to date. Therefore, based on guidelines and a review of the evidence, the request for Ambien CR 12.5 mg, extended release, 1 nightly, #30, 1 refill must last 30 days is not medically necessary.