

Case Number:	CM14-0078759		
Date Assigned:	07/18/2014	Date of Injury:	01/22/2007
Decision Date:	10/23/2014	UR Denial Date:	04/29/2014
Priority:	Standard	Application Received:	05/28/2014

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 Family Medicine and is licensed to practice in Arizona. 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 patient is a 63 year old female with a date of injury on 1/22/2007. The patient has been treated for chronic lumbar pain, bilateral radicular pain, and recurrent myofascial strain. Subjective complaints are of ongoing back pain with radiation to the bilateral legs. Physical exam shows. Medications include cyclobenzaprine, lidoderm, medical marijuana, and Voltaren topical. Other treatment has included lumbar epidural steroid injections, and acupuncture. Request is for Ambien.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ambien 5mg, qty 60, no 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, Pain Chapter

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) PAIN, INSOMNIA TREATMENT

Decision rationale: The ODG suggests that zolpidem is only approved for the short-term treatment of insomnia. The recommended time-frame of usage is usually 2 to 6 weeks and long-term use is rarely recommended. Sleeping pills can be habit-forming, impair function and

memory, and increase pain and depression over long-term use. Submitted documentation suggests chronic use of this medication, and records do not indicate prior evaluation or duration of insomnia. Therefore, use of this medication is not consistent with guideline recommendations, and is not a medical necessity.