

Case Number:	CM14-0078781		
Date Assigned:	07/18/2014	Date of Injury:	01/22/2007
Decision Date:	10/01/2014	UR Denial Date:	05/16/2014
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 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 patient is a 63-year-old female who has submitted a claim for lumbar intervertebral disc displacement, lumbar intervertebral disc degeneration, pelvic/hip pain, and myalgia associated with an industrial injury date of January 22, 2007. Medical records from 2012-2014 were reviewed. The patient complained of low back pain, rated 8/10 in severity. The pain radiates down the left leg and right buttock areas. She has pain all day and has spasm/pain at night that affects her sleep. Physical examination showed tenderness over the left adductor and left iliopsoas bursa. There was pain with internal and external rotation of the left hip and with abduction. Gait was left antalgic. Tenderness was also noted at the left inguinal with light touch extending inferiorly toward the labia. MRI of the lumbar spine, dated August 3, 2012, revealed L2-L3 anterolisthesis due to facet disease with minimal bilateral foraminal narrowing at L3-L4, and mild facet disease with anterolisthesis and bilateral neural foraminal narrowing at L4-L5 with disc bulge. Official report of the imaging study was not available. Treatment to date has included medications, physical therapy, acupuncture, home exercise program, activity modification, and lumbar epidural steroid injection. Utilization review, dated May 16, 2014, denied the request for Ambien 5mg tablet because it is not supported for long-term use and there is no indication the patient ever tried any other sleep aides that have a greater safety profile.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ambien 5mg (qty unknown): 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 Chapter, Zolpidem

Decision rationale: CA MTUS does not specifically address this issue. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, the Official Disability Guidelines (ODG) was used instead. ODG, Pain chapter states that 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. In this case, progress report dated May 5, 2014 indicated that the patient was already taking Ambien 5mg. Long-term use is not recommended. Furthermore, there was no mention regarding the patient's sleeping habits that warrant the use of Ambien. Moreover, the quantity to be dispensed was not specified on the request. Therefore, the request for Ambien 5mg (qty unknown) is not medically necessary.