

Case Number:	CM14-0081393		
Date Assigned:	07/18/2014	Date of Injury:	02/01/2005
Decision Date:	09/18/2014	UR Denial Date:	05/14/2014
Priority:	Standard	Application Received:	06/02/2014

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 & Rehabilitation and Pain Medicine and is licensed to practice in Texas and Oklahoma. 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 47-year-old male who reported an injury on 02/01/2005. The mechanism of injury was a fall. The diagnoses included inflammatory myositis, hip joint pain, left lower leg pain, left ankle and foot joint pain, and muscle spasms. Previous treatments included medication. Within the clinical note dated 02/05/2014, it was reported the injured worker complained of pain at surgical pins and rod site. Upon the physical examination, the provider noted the injured worker had deep tendon reflexes on the right 1+. The provider noted the injured worker's left leg is weaker at 4/5. The injured worker had normal sensory in both legs. The request submitted is for Ambien. However, a rationale was not provided for clinical review. The Request for Authorization was not provided for clinical review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ambien 10mg x1 at hs prn x 30 days refill x2: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation ODG(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), Pain, Zolpidem.

Decision rationale: The Official Disability Guidelines note Zolpidem is a prescription short acting nonbenzodiazepine hypnotic, which was approved for short term use, usually 2 to 6 weeks, for treatment of insomnia. There is lack of documentation indicating the efficacy of the medication as evidenced by significant functional improvement. There is lack of documentation indicating the injured worker was treated for or diagnosed with insomnia. The injured worker has been utilizing the medication since at least 02/2014 which exceeds the guidelines recommendation of short term use of 2 to 6 weeks. Therefore, the request for Ambien 10mg x1 at night as needed x 30 days refill x2 is not medically necessary.