

Case Number:	CM14-0083388		
Date Assigned:	07/21/2014	Date of Injury:	10/28/2010
Decision Date:	09/15/2014	UR Denial Date:	05/23/2014
Priority:	Standard	Application Received:	06/04/2014

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 60-year-old male with a 10/28/10 date of injury, and status post lumbar decompression L2-L5 8/12. At the time (5/23/14) of request for authorization for Ambien 5mg #30, there is documentation of subjective (low back pain, throbbing in the left lower extremity, pain rated 7/10) and objective (good strength bilaterally and negative straight leg raise bilaterally) findings, current diagnoses (postlaminectomy syndrome, status post lumbar decompression L2-L5 8/12, depression and anxiety due to chronic pain), and treatment to date (physical therapy, activity modification, and medications (including ongoing use of Ambien since at least 12/13)). 6/5/14 medical report identifies that the patient notices improvement in his sleep with Ambien. In addition, 6/5/14 medical report identifies that the patient is having difficulty with sleep latency and sleep maintenance. There is no documentation of the intention to treat over a short course (less than two to six weeks).

IMR ISSUES, DECISIONS AND RATIONALES

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

Ambien 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 Ambien.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) <Chronic Pain Chapter, Zolpidem.

Decision rationale: MTUS does not address this issue. 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 postlaminectomy syndrome, status post lumbar decompression L2-L5 8/12, depression and anxiety due to chronic pain. In addition, there is documentation of difficulty with sleep latency and sleep maintenance. However, given documentation of records reflecting prescriptions for Zolpidem since at least 12/13, there is no documentation of the intention to treat over a short course (less than two to six weeks). Therefore, based on guidelines and a review of the evidence, the request for Ambien 5mg #30 is not medically necessary.