MAXIMUS Federal Services

Case Number:	CM14-0191267		
Date Assigned:	11/25/2014	Date of Injury:	07/09/2011
Decision Date:	01/13/2015	UR Denial Date:	10/31/2014
Priority:	Standard	Application Received:	11/17/2014

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 injured worker is a 40-year-old female who experienced an industrial injury 07/09/11. There was no mechanism of injury or affected body part(s) noted. Patient was evaluated 10/08/14 for complaints of neck and lower back pain. She reported she had difficulties with her daily activities in addition to prolonged periods of sitting, standing, walking, and stair climbing, lifting, pushing, pulling, squatting, kneeling, and stooping. The physician's objective findings noted spasm, tenderness and guarding in the paravertebral muscles of the cervical and lumbar spine with decreased range of motion. She was previously declared permanent and stationary. "Her medications were filled today," but they were not provided on the physician's note/progress report. Lidocaine patches were provided to aide with pain reduction and reduce the need for taking oral pain medications. Diagnoses noted were sprains and strains of lumbar region; sprains and strain of neck; pain in limb; cervical radiculopathy; lumbosacral radiculopathy; and thoracic sprain/strain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective (DOS 10/8/14) Zolpidem Tartrate 5mg quantity 90: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Chronic Pain Zolpidem (Ambien)

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

Decision rationale: The California Medical Treatment Utilization Schedule (MTUS) does not specifically address this topic. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers Compensation, the Official Disability Guidelines (ODG), Pain Section was used instead. The Official Disability Guidelines state that zolpidem (Ambien) is a prescription short-acting non benzodiazepine hypnotic, which is approved for short-term usually 2-6 weeks treatment of insomnia. In this case, patient has been on Ambien long term. However, there was no documentation concerning sleep improvement derived from medication use. Long-term use was likewise not recommended. Furthermore, there was no discussion concerning sleep hygiene. Therefore, the request for Ambien is not medically necessary.