MAXIMUS Federal Services

Case Number:	CM14-0192629		
Date Assigned:	11/26/2014	Date of Injury:	07/29/2006
Decision Date:	01/13/2015	UR Denial Date:	10/29/2014
Priority:	Standard	Application Received:	11/18/2014

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 Internal Medicine and is licensed to practice in New York. 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 54 year old female who sustained an injury on date of injury of 07/29/2006 to her left foot/ankle. She has reported left foot pain and a neuroma. On 02/12/2014, she continued to follow a home exercise program, and the left foot has a plantar cyst that is tender to palpation. She was P&S with work restrictions of modified work with no prolonged standing or walking.

IMR ISSUES, DECISIONS AND RATIONALES

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

Zolpidem 10MG #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 (ODG) - Treatment in Workers' Compensation (TWC), Zolpidem (Ambien)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Food and Drug Administration (FDA), Ambien

Decision rationale: The Food and Drug Administration (FDA), Ambien determines the safety, efficacy and indications of drug sold on the US market. Ambien is for short term use according to the FDA approved package insert. It has been documented to be safe and effective for up to 35 days. The patient is a female and the requested dose is 10 mg. Recently, the FDA has lowered the dose for females to 5 mg because it has been documented that females who are taking the 10

mg dose has had an increase of blood levels. The requested long term use of Ambien 10 mg is not consistent with the FDA approved indications; therefore, this request is not medically necessary.