

Case Number:	CM14-0199539		
Date Assigned:	12/10/2014	Date of Injury:	12/06/2004
Decision Date:	01/23/2015	UR Denial Date:	11/20/2014
Priority:	Standard	Application Received:	11/26/2014

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 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:

Pursuant to the progress note dated November 6, 2014, the IW presents for a follow-up regarding his low back pain. There were no new problems or medication side effects. Quality of sleep is poor. The provider documents that the IW is able to sleep 6 to 7 hours with Ambien vs. 4 hours of fragmented sleep without it. Current medications include Paroxetine Cr 25mg, Flexeril 10mg, Ambien Cr 12.5mg, Gabapentin 800mg, Oxycodone 15mg, Lorazepam 0.5mg, and Metformin Hcl Er 500mg. According to the historic test results associated with the urine drug screen dated November 10, 2014, the IW has been taking Ambien since August 19, 2013. The current request is for Ambien Cr 12.5mg #90.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ambien CR 12.5mg #90: 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, Zolpidem

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

Decision rationale: Pursuant to the Official Disability Guidelines, Ambien CR 12.5 mg #90 is not medically necessary. Ambien (Zolpidem) is a short acting non-benzodiazepine hypnotic that is recommended for short-term (7 to 10 days) treatment of insomnia. For additional details see the Official Disability Guidelines. In this case, the injured worker's working diagnoses are spinal/lumbar degenerative disc disease; disk disorder lumbar; low back pain; depressive disorder; and spasm of muscle. Documentation indicates the injured worker has poor sleep quality. There are no diagnoses listed in the medical record supporting an insomnia diagnosis. Ambien has been used as far back as April 2013. The documentation also states the injured worker has 6 to 7 hours of uninterrupted sleep with Ambien versus four hours of fragmented sleep without. The guidelines indicate Ambien is recommended short-term (7 to 10 days) for treatment of insomnia. There is no compelling clinical evidence the medical record to support the ongoing chronic use (since 2013) of Ambien. Consequently, absent the appropriate clinical indications and supporting documentation for ongoing Ambien use, Ambien CR 12.5 mg #90 is not medically necessary.