

Case Number:	CM14-0200672		
Date Assigned:	12/11/2014	Date of Injury:	03/20/2011
Decision Date:	01/29/2015	UR Denial Date:	11/12/2014
Priority:	Standard	Application Received:	12/01/2014

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, has a subspecialty in Interventional spine 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 patient is a 49-year-old female with an injury date of 03/20/2011. Based on the 08/21/2014 report, the patient complains of lumbar spine pain which radiates to the left thigh. She rates as a 3/10 with medications. The 09/16/2014 report indicates that she continues to have severe lower back pain which radiates to the legs. She has lumbar spine spasm, a restricted range of motion, and a positive straight leg raise. The 10/16/2014 report states that she rates her lumbar spine pain as a 5/10 with medications. She has a wide-based gait and can heel-toe walk with difficulty secondary to low back pain. In regards to the lumbar spine, there is decreased normal lordosis, diffuse tenderness to palpation over the lumbar paraspinous muscles, and severe facet tenderness over L4 through S1. The patient has a positive sacroiliac tenderness on the left, positive FABER/Patrick test on the left, positive sacroiliac stress test, and a positive Yeoman's test on the left. The patient has a positive Kemp's test on both the right and the left. Straight leg raise testing causes back pain bilaterally. The patient has decreased sensation in the L4, L5, and S1 dermatomes bilaterally. The patient's diagnoses include the following: 1. Lumbar musculoligamentous strain. 2. Lumbar disk disease at L4-L5 and L5-S1, per MRI (date of MRI not provided). 3. Lumbar facet arthropathy. 4. Lumbar degenerative disk disease. The utilization review determination being challenged is dated 11/12/2014. Treatment reports were provided from 04/01/2014 - 10/16/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ambien 10 MG 1 Tablet by Mouth Every Hour #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)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Illness and Stress Chapter, zolpidem (Ambien).

Decision rationale: The patient presents with lumbar spine pain which radiates to the left thigh. The request is for AMBIEN 10 MG 1 TABLET BY MOUTH EVERY HOUR #30. MTUS and ACOEM Guidelines are silent with regards to this request. However, ODG Guidelines Mental Illness and Stress Chapter, zolpidem (Ambien) state, "Zolpidem (Ambien generic available, Ambien CR) is indicated for short-term treatment of insomnia with difficulty of sleep onset (7-10 days). Ambien CR is indicated for treatment of insomnia with difficulty of sleep onset and/or sleep maintenance. Longer-term studies have found Ambien CR to be effective for up to 24 weeks in adults." Progress reports indicate that the patient has been taking Ambien as early as 05/06/2014. The patient has been taking Ambien on a long-term basis which is not indicated by ODG Guidelines. ODG Guidelines support only 7 to 10 days of this medication for insomnia. Therefore, the requested Ambien IS NOT medically necessary.