

<b>Case Number:</b>	CM15-0002865		
<b>Date Assigned:</b>	08/12/2015	<b>Date of Injury:</b>	03/25/2005
<b>Decision Date:</b>	09/24/2015	<b>UR Denial Date:</b>	12/08/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/06/2015

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:  
 State(s) of Licensure: California, North Carolina  
 Certification(s)/Specialty: Family Practice

### 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 60 year old male with an industrial injury dated 03-25-2005. The injured worker's diagnoses include lumbar intervertebral disc, sacroiliac (SI) sprain and strain, muscle spasms, thoracic myofascitis, post traumatic anxiety and post-operative laminectomy. Treatment consisted of diagnostic studies, prescribed medications, and periodic follow up visits. In a progress note dated 11-24-2014, the injured worker reported lower back pain, bilateral upper back pain, bilateral mid back pain and anxiety. Objective findings revealed decreased lumbar range of motion with pain, tenderness in bilateral lumbar spine, positive bilateral straight leg raises, tenderness to palpitation on the left sacroiliac (SI) joint and bilateral tenderness of the thoracic spine. The treatment consisted of medication management and follow up evaluation. The treating physician prescribed services for 6-week follow-up office visit and Ambien 10mg #60, now under review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**6-Week Follow-up Office Visit:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (office visits).

**Decision rationale:** CA MTUS does not address office visits. ODG states that office visits are medically necessary. The need for office visits is individualized base on review of the patient's condition, signs and symptoms, clinical stability and reasonable physician judgment. In this case, the clinical documentation submitted fails to document any red flags, increase in neurologic deficits or change in functional deficits. The patient's symptoms and findings are of a chronic nature dating back to 2005 and no rationale is given for a follow-up visit in 6 weeks. Therefore the request is not medically necessary or appropriate.

**Ambien 10mg #60:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MedScope 2009 and PDR 2009.

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

**Decision rationale:** CA MTUS does not specifically address the use of Zolipidem (Ambien). Ambien is a short-acting non-benzodiazepine approved for short-term use (2-6 weeks) in the treatment of insomnia. Long-term use is not recommended and may be habit-forming and impair memory. In this case, the patient has been taking Ambien since 6/30/2014. There is lack of documentation concerning the rationale for starting Ambien at that time. There is a lack of documentation relating to the diagnosis of insomnia and sleep hygiene. In addition, the patient has far exceeded the recommended 2-6 week guideline for use of Ambien. Therefore the request is not medically necessary or appropriate.