

Case Number:	CM15-0005814		
Date Assigned:	01/20/2015	Date of Injury:	07/01/2013
Decision Date:	03/20/2015	UR Denial Date:	12/24/2014
Priority:	Standard	Application Received:	01/12/2015

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

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 57-year-old male who reported an injury on 07/01/2013 due to an unspecified mechanism of injury. An appeal letter dated 12/09/2014 shows that the injured worker's medication Ambien had been denied. No recent information was provided regarding his subjective complaints or physical examination or diagnoses. The treatment plan was for Ambien 10 mg at bedtime #30 with 2 refills. The rationale for treatment was to treat the injured worker's condition.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ambien 10mg at bedtime #30, refill: 2: 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), 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, Zolpidem (Ambien).

Decision rationale: According to the Official Disability Guidelines, zolpidem is recommended for the short term treatment of 7 to 10 days of insomnia. The documentation provided does not indicate that the injured worker has a diagnosis of insomnia. Also, the duration of use was not clearly documented within the report. Without this information, a continuation would not be supported, as this medication is only recommended for short term treatment of insomnia for 7 to 10 days. Also, 2 refills of this medication would not be supported without a re-evaluation of the injured worker to determine treatment success. As such, the request is not medically necessary.