MAXIMUS Federal Services

Case Number:	CM15-0013525		
Date Assigned:	01/30/2015	Date of Injury:	11/03/2008
Decision Date:	12/08/2015	UR Denial Date:	01/14/2015
Priority:	Standard	Application Received:	01/22/2015

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: New Jersey, New York
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:

This 62 year old male sustained an industrial injury on 11-3-08. Documentation indicated that the injured worker was receiving treatment for lumbar post laminectomy syndrome with lumbar disc displacement and psychogenic pain. Past medical history was noted to include diabetes mellitus and hypertension. Previous treatment included lumbar fusion (2013), physical therapy, epidural steroid injections, injections and medications. In a visit note dated 1-8-15, the injured worker complained of ongoing back pain with radiation to bilateral legs. Physical exam was remarkable for a well-healed lumbar spine surgical scar, positive bilateral straight leg raise, spasm and guarding to the lumbar spine and decreased sensation in the left L4 distribution. The physician noted that the injured worker was still having trouble sleeping. Trazodone had been denied by insurance. The injured worker reported that he had been using Cyclobenzaprine three a day at night (30mg at once). The physician recommended Cyclobenzaprine to one at a time to decrease muscle spasms and adding Ambien at night. On 1-14-15, Utilization Review noncertified a request for Zolpidem Tartrate 10mg.

IMR ISSUES, DECISIONS AND RATIONALES

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

Zolpidem Tartrate (Ambien) 10mg: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain procedure summary.

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

Decision rationale: The request for Ambien is medically necessary. MTUS guidelines do not address the use of Ambien. As per ODG, Ambien is a hypnotic that is approved for short-term treatment of insomnia, from 2-6 weeks. It can be habit-forming and may impair function and memory. It may also increase pain and depression over the long-term. The patient wakes up frequently due to pain, causing daytime drowsiness. Trazodone was denied. The patient was using an increased dose of cyclobenzaprine to help with sleep. It is reasonable to try a short course of Ambien. Therefore, the request is considered medically necessary.