

Case Number:	CM15-0138876		
Date Assigned:	07/28/2015	Date of Injury:	08/07/2006
Decision Date:	08/25/2015	UR Denial Date:	07/06/2015
Priority:	Standard	Application Received:	07/17/2015

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: Emergency Medicine

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 71-year-old male, who sustained an industrial injury on August 7, 2006, incurring low back injuries, and bilateral hand, knee, shoulder injuries. He was diagnosed with lumbar disc disease, lumbar facet arthropathy and carpal tunnel syndrome. He underwent right carpal tunnel syndrome release and knee surgery. Treatment included surgical interventions, pain medications, sleep aides, topical analgesic cream, and activity restrictions. Currently, the injured worker complained of increased low back, buttock, and groin pain with numbness. The injured worker noted difficulty with sleeping secondary to persistent chronic pain. The treatment plan that was requested for authorization included a prescription for Ambien.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ambien tab 10mg #30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG and Insomnia treatment, Pain Chapter, updated 6/15/15.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic), (updated 07/10/14), Insomnia Medications.

Decision rationale: The requested Ambien tab 10mg #30 is not medically necessary. CA MTUS is silent. Official Disability Guidelines, Pain (Chronic), Insomnia Medications note "Zolpidem is a prescription short-acting non-benzodiazepine hypnotic, which is approved for the short-term (usually two to six weeks) treatment of insomnia". The injured worker has increased low back, buttock, and groin pain with numbness. The injured worker noted difficulty with sleeping secondary to persistent chronic pain. The treating physician has not documented results of sleep behavior modification attempts or any derived functional benefit from its previous use. The criteria noted above not having been met, Ambien tab 10mg #30 is not medically necessary.