

Case Number:	CM15-0143674		
Date Assigned:	08/04/2015	Date of Injury:	02/17/2013
Decision Date:	10/13/2015	UR Denial Date:	07/13/2015
Priority:	Standard	Application Received:	07/24/2015

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: Connecticut, California, Virginia
 Certification(s)/Specialty: Preventive Medicine, Occupational 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 30 year old male, who sustained an industrial injury on February 17, 2013, incurring low back, and left leg injuries. He had a history of being struck by a car three years prior to his injury but fully recovered. In 2012, he was involved in another motor vehicle accident but received no injuries. Magnetic Resonance Imaging of the lumbar spine revealed disc herniation. He was diagnosed with lumbar disc disease with disc protrusion, lumbar radiculopathy and left peroneal neuropathy and left tibia fibula fracture. He underwent a surgical open reduction internal fixation of the left leg fracture. Treatment included physical therapy, pain medications, and Electromyography and Nerve Conduction Velocity studies, pain medications, anti-inflammatory drugs, sleep aides, muscle relaxants and activity restrictions. Currently, the injured worker complained of constant low back pain radiculopathy down the left leg and up his back into the neck area with decreased range of motion, tenderness and muscle spasms. He had lower back pain with pins and needles sensation and numbness in the left buttock radiating into the left thigh, knee and calf. The injured worker rated his pain 5 out of 10 at its best and 10 out of 10 at its worst. He noted difficulty with walking, and going up and down stairs, difficulty sleeping secondary to the severe back pain. He noted difficulty with prolonged sitting, grooming and dressing himself. His activities of daily living were maintained with medications. The treatment plan that was requested for authorization on July 20, 2015, included a prescription for Ambien. On July 13, 2015, a request for a prescription for Ambien was denied by utilization review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ambien 10mg #30 (Medication has not been filled per PMSI since 4/2015): 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.

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

Decision rationale: According to the ODG guidelines, Ambien is indicated for short-term treatment (two to six weeks) of insomnia and is not considered appropriate in for long-term sleep concerns. There are other medications that should be considered as long-term treatments for insomnia. Per the ODG Guidelines for Insomnia, Ambien is indicated for the short-term treatment of insomnia with difficulty of sleep onset (7-10 days). Other modalities for sleep improvement should be considered, along with possible other medications that are more appropriate for long-term treatment. Overall, there is not compelling documentation provided to support chronic use of this medication. Therefore the request is not considered medically necessary at this time.