

Case Number:	CM15-0196690		
Date Assigned:	10/12/2015	Date of Injury:	10/18/2012
Decision Date:	11/18/2015	UR Denial Date:	09/17/2015
Priority:	Standard	Application Received:	10/06/2015

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

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 53-year-old male who sustained an industrial injury on 10-18-12. The injured worker reported pain in the low back, left and right lower extremity. A review of the medical records indicates that the injured worker is undergoing treatments for lumbar disc displacement without myelopathy and sleep disturbance not otherwise specified. Medical records dated 7-10-15 indicate pain rated at 5 out of 10. Provider documentation dated 7-10-15 noted "Ambien is still improving quality of patient's sleep." Provider documentation dated 7-10-15 noted the work status as temporary totally disabled. Treatment has included Morphine since at least March of 2015, Norco since at least March of 2015, and Ambien since at least March of 2015, radiographic studies, lumbar magnetic resonance imaging (12-10-12), Ultram and injection therapy. Objective findings dated 7-10-15 were notable for antalgic gait, restricted range of motion, tenderness to palpation to paravertebral muscles, spinous process at L3, L4, and L5, lumbar facet loading positive bilaterally, straight let raising test on the right is positive. The original utilization review (9-17-15) denied a request for Ambien 5 mg #30.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ambien 5 mg #30: 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).

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

Decision rationale: MTUS Guidelines do not address this issue. ODG Guidelines address this issue in detail and although the updated Guidelines do support the use of hypnotic medications for pain related insomnia, Ambien is not one of the recommended medications for long term use. ODG Guideline recommend limited short term use of Ambien and the Guidelines provide recommendations for other alternatives. At this point in time, there are no unusual circumstances to justify an exception to the Guideline recommendations. The Ambien 5mg. #30 is not supported by Guidelines and is not medically necessary.