MAXIMUS Federal Services

Case Number:	CM15-0196993		
Date Assigned:	10/12/2015	Date of Injury:	03/01/2006
Decision Date:	11/19/2015	UR Denial Date:	09/22/2015
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: Utah, Arkansas
Certification(s)/Specialty: Family Practice, Sports 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 60 year old male who sustained an industrial injury on 3-1-06. The Diagnoses are noted as lateral epicondylitis, degeneration of lumbosacral intervertebral disc, osteoarthritis, spondylosis cervical joint without myelopathy. In a progress report dated 9-15-15, the primary treating physician notes follow up for low back pain, with complaint of worsening pain. It is noted "he wants facet blocks." Pain level is noted as "moderate." The impression is noted as lumbar spondylosis-facet syndrome. In an interval note dated 5-28-15, the physician reports he is status post hernia repair, inguinaldynia, and fused right wrist and upper and low back problems. Pain is rated at 4-5 out of 10. He is reported to be in a left hand cast, status post surgery. Sleep, mood and appetite are noted as stable and that he is overall more comfortable, functional with medicines as opposed to without, and able to perform self-activating therapy and activities of daily living. No aberrant drug taking behaviors noted. Current medications are noted to be Ultram ER, Norco, Lidoderm Patch, Zanaflex, Aggrenox, Androgel, Ambien CR 7.5mg, Zetia, Lipitor, Nexium, Librax, Fiorinal, Cymbalta, Lotension-HCT, Tricor, Voltaren Gel, Norvasc, Toprol, SAM-e, and Toradol injections as needed for migraines. Previous treatment includes physical therapy, medication, Cortisone and Synvisc injections-knee, knee surgery, back brace, home exercise, and facet blocks. A request for authorization is dated 9-16-15. The requested treatment of 30 Ambien extended release 6.5mg was non-certified on 9-22-15.

IMR ISSUES, DECISIONS AND RATIONALES

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

30 Ambien extended release 6.5mg: Upheld

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

Decision rationale: MTUS treatment guidelines are silent about Ambien. Other guidelines were used in this review. ODG guidelines were reviewed in regards to this specific case, and the clinical documents were reviewed. The request is for Ambien. Guidelines state the following: recommends Ambien for short-term use, usually two to six weeks for treatment of insomnia. There is concern for habit forming, impaired function and memory, as well as increased pain and depression over long term. The Ambien prescribed is not for short-term usage. According to the clinical documentation provided and current guidelines, Ambien is not indicated as a medical necessity to the patient at this time.