

Case Number:	CM15-0197171		
Date Assigned:	10/12/2015	Date of Injury:	12/08/2008
Decision Date:	11/19/2015	UR Denial Date:	09/18/2015
Priority:	Standard	Application Received:	10/07/2015

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 29 year old male who sustained an industrial injury on December 08, 2008. A liquid chromatography study performed on January 22, 2015 reported current medication regimen consisted of Buprenorphine, Lunesta, and Gabapentin. A recent pain management follow up dated September 08, 2015 reported subjective complaint of: "lower back pain." The pain radiates into his left lower extremity. He also complains of left lower cervical weakness and does utilize a cane to ambulate. He is with failed lumbar fusion and continues with a significant amount of pain. He was previously using Morphine, but it had been denied and he has been utilizing OxyContin two to three times daily for pain relief. The medication "provides him both pain relief and functional improvement of increased tolerance for walking and standing." Previous treatment to involve: activity modification, medications, injections (2010- 2013) and fusion and laminectomy. Current medication regimen consisted of: Gabapentin, Relafen, Lunesta, OxyContin, Prilosec, and Oxaprozin. The following diagnoses were applied to this visit: lumbar disc displacement without myelopathy, and post-laminectomy syndrome, lumbar. The following were noted prescribed this visit: Ambien, Gabapentin, and OxyContin. On September 11, 2015 a request was made for Ambien and Gabapentin that were noncertified by Utilization Review on September 18, 2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ambien 10mg quantity 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, Mental Illness and Stress Chapter, 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. Therefore, the request is not medically necessary.