

Case Number:	CM15-0031292		
Date Assigned:	02/24/2015	Date of Injury:	03/13/1994
Decision Date:	04/03/2015	UR Denial Date:	01/28/2015
Priority:	Standard	Application Received:	02/19/2015

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 74 year old male, who sustained an industrial injury on 03/13/1994. He has reported subsequent low back and left hip pain and was diagnosed with lumbar radiculitis, lumbar disc displacement post laminectomy syndrome and left hip degenerative joint disease. Treatment to date has included oral and topical pain medication and a home exercise program. In a progress note dated 12/04/2014, the injured worker complained of continued low back and bilateral leg pain. Objective physical examination findings were notable for a slowly antalgic gait, increased pain with flexion, tenderness of the low back at L4-S1 left, positive straight leg raise and decreased sensation at the posterior lateral thighs. A request for authorization of an Ambien refill was made. There was no medical documentation submitted that pertains to the current treatment request. On 01/28/2015, Utilization Review non-certified a request for Ambien, noting that there was a lack of demonstrated benefit with prior use. MTUS guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ambien 10mg #60: 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) Pain (Chronic), Zolpidem.

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.

Decision rationale: MTUS Guidelines do not address the recommended use of hypnotic medications. The ODG Guidelines address this issue in great detail and under specific conditions the updated versions of ODG do support long term use of specific hypnotic medications. However, Ambien is not one of the medications recommended for long term use, particularly in the elderly and there are alternatives supported by Guidelines. There are no unusual circumstances to justify an exception to Guidelines. The Ambien 10mg #60 is not medically necessary.