

Case Number:	CM15-0032830		
Date Assigned:	02/26/2015	Date of Injury:	11/05/1999
Decision Date:	05/12/2015	UR Denial Date:	02/05/2015
Priority:	Standard	Application Received:	02/23/2015

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: Maryland

Certification(s)/Specialty: Internal Medicine, Rheumatology

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 (IW) is a 53 year old male who sustained an industrial injury on 11/05/1999. He reported chronic back, shoulder, wrist, and knee pain. He also has TMJ, anxiety and depression. The injured worker was diagnosed as having L4-5, L5-S1 Lumbar spondylosis (03/15) , TMJ, and depression. Treatment to date has included medications and job modifications and time off work. Currently, the injured worker complains of chronic back shoulder, wrist and knee pain and TMJ. Requested are the medications of Ambien 10mg, Effexor 75mg, Effexor 150mg, and Abilify 50mg.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ambien 10mg #15: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation www.drugs.com/ambien.

Decision rationale: This 53 year old male has complained of lower back pain, shoulder pain and knee pain since date of injury 11/5/99. He has been treated with physical therapy. The current request is for Ambien, #30. Zolpidem (Ambien) is recommended for the short term treatment of insomnia. There is insufficient documentation in the available medical records regarding the patient's sleep disturbance such as duration of disturbance, response to sleep hygiene interventions, sleep onset and quality as well as documentation regarding justification for use of this medication. On the basis of the available medical documentation, and per the guidelines cited above, Ambien is not indicated as medically necessary in this patient.