

Case Number:	CM15-0034346		
Date Assigned:	03/02/2015	Date of Injury:	09/17/1993
Decision Date:	04/14/2015	UR Denial Date:	01/26/2015
Priority:	Standard	Application Received:	02/24/2015

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: Physical Medicine & Rehabilitation

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 66-year-old male injured worker suffered an industrial injury on 9/17/1993. The diagnoses were mood disorder, low back pain and lumbar spine degenerative disc disease. The diagnostic study was magnetic resonance imaging lumbar spine. The treatments were medications. The treating provider reported pain 8/10 with restricted range of motion and tenderness of the lumbar spine. There was also pain radiating down the left leg. The injured worker reported difficulty sleeping due to pain. Utilization Review Determination on 1/26/2015 non-certified Ambien 10mg #45 with 1 refill, ODG.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ambien 10mg #45 with 1 refill: 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, Zolpidem (Ambien).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official disability guidelines Mental & stress chapter, Insomnia treatment.

Decision rationale: The patient presents with low back pain and mood disorder. The request is for AMBIEN 10MG #45 WITH 1 REFILL. Per 01/15/15 progress report, the patient is currently taking Valium, Ambien, Duragesic patch, Lexapro and Percocet. The patient is currently not working. ODG guidelines, Drug Formulary, have the following regarding Ambien for insomnia: Zolpidem, Ambien #130; (generic available), Ambien CR is indicated for the short-term treatment of insomnia with difficulty of sleep onset (7-10 days). Ambien CR is indicated for treatment of insomnia with difficulty of sleep onset and/or sleep maintenance. Longer-term studies have found Ambien CR to be effective for up to 24 weeks in adults. In this case, the patient has been suffering from insomnia for which this medication may be indicated. However, there is no indication that this medication is to be used for a short-term. The review of the reports shows that the patient has been utilizing Ambien since at least 07/31/14. The ODG guidelines support only short-term use of this medication, in most situations no more than 7-10 days. The request IS NOT medically necessary.