MAXIMUS Federal Services

Case Number:	CM15-0042178		
Date Assigned:	03/12/2015	Date of Injury:	06/19/2012
Decision Date:	04/22/2015	UR Denial Date:	02/28/2015
Priority:	Standard	Application Received:	03/05/2015

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:

This 64-year-old male sustained a work related injury on 06/19/2012. According to an office visit dated 01/14/2015, the injured worker was nine-and-a-half month's post-op following extensive spinal surgery. He continued to improve slowly. He continued with pain about his low back as well as some numbness and tingling in his right lower extremity. Aquatic physical therapy helped with his condition. The provider noted that the injured worker was provided a written prescription for eight additional sessions of aquatic physical therapy once he the current course was completed and he was provided with a refill on the appropriate medication. Diagnoses or current medication regimen was not listed. Work restrictions included no prolonged sitting, no prolonged standing or walking, no repetitive climbing, bending or twisting and no lifting greater than 20 pounds. An authorization request dated 01/14/2015 was submitted for review. Diagnoses included spinal stenosis of lumbar region, spondylolisthesis, displacement of lumbar intervertebral disc, sciatica unspecified side and degenerative disc disease lumbar. The request was for Vicoprofen, Prilosec, Ambien and aquatic physical therapy.

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.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official disability guidelines Mental Illness and Stress Chapter on zolpidem.

Decision rationale: The patient presents with low back pain. The patient is status post lumbar fusion from March 2014. The physician is requesting AMBIEN 10 MG QUANTITY 30. The RFA dated 01/14/2015 shows a request for Ambien 10 mg quantity 30. The patient's date of injury is from 06/19/2012 and he is currently off work. The MTUS and ACOEM Guidelines are silent about this request. However, ODG Guidelines under the Mental Illness and Stress Chapter on zolpidem states "Zolpidem 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." The records do not show any previous history of Ambien use. The report making the request was not made available. None of the reports discusses any sleep problems or insomnia. In this case, the patient does not meet the criteria set by the ODG guidelines for the use of Ambien. The request IS NOT medically necessary.