

Case Number:	CM15-0052058		
Date Assigned:	04/29/2015	Date of Injury:	03/14/1996
Decision Date:	05/28/2015	UR Denial Date:	03/04/2015
Priority:	Standard	Application Received:	03/19/2015

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: Texas, Illinois

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 55 year old male, who sustained an industrial injury on 3/14/1996. The mechanism of injury is not indicated. The injured worker was diagnosed as having lumbago, ankle deformities, and chronic pain syndrome. Treatment to date has included medications, urine drug screening. The request is for Ambien CR. On 3/10/2015, he reports ongoing pain. He rated his pain levels as 2-3/10 with medications and 8-9/10 with increased activity. The treatment plan included: Ambien, and Oxycontin. The records indicate he has been stable on medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ambien CR 12.5 mg #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 (ODG), pain (chronic).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic) Zolpidem Ambien.

Decision rationale: The injured worker sustained a work related injury on 3/14/1996. The medical records provided indicate the diagnosis of lumbago, ankle deformities, and chronic pain syndrome. Treatment to date has included medications. The medical records provided for review do not indicate a medical necessity for Ambien CR 12.5 mg #30. The MTUS is silent on this, but the Official Disability Guidelines states that Zolpidem is a prescription short-acting nonbenzodiazepine hypnotic recommended for 7-10 days treatment of insomnia. The medication is associated with impaired function and memory; worsening pain and depression over the long-term. Although the Ambien CR is approved for chronic use, the Official Disability Guidelines states that chronic use of hypnotics in general is discouraged. Ambien CR causes a greater frequency of dizziness, drowsiness, and headache compared to immediate release zolpidem. The records indicate this medication has been in use for some time.