

Case Number:	CM15-0087926		
Date Assigned:	05/12/2015	Date of Injury:	06/25/2007
Decision Date:	06/19/2015	UR Denial Date:	04/15/2015
Priority:	Standard	Application Received:	05/07/2015

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: Pennsylvania, Ohio, 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 injured worker is a 58 year old female, who sustained an industrial injury on 6/25/2007. She reported low back pain from twisting her back. Diagnoses have included lumbar radiculopathy, lumbar failed back syndrome, fibromyalgia/myositis and lumbar degenerative disc disease. Treatment to date has included physical therapy and medication. According to the progress report dated 3/10/2015, the injured worker complained of neck pain and lower extremity weakness. She reported some improvement in her low back pain and possibly some small improvement in her lower tremor since undergoing an epidural steroid injection about a week ago. She complained of low back pain and coccygeal pain. She reported lower cavity weakness and intermittent loss of bladder control. She reported partial relief from her medications. Physical exam revealed a markedly antalgic gait; she walked with a cane. There was significant weakness throughout both lower extremities. There was tenderness over the coccyx. Straight leg raises were positive. Authorization was requested for Ambien.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ambien 10mg #30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Current FDA guidelines.

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 does not discuss this medication. Official Disability Guidelines / Treatment in Workers Compensation / Pain / Insomnia Treatment does discuss Ambien / Zolpidem. This guideline notes that Zolpidem / Ambien is indicated for short-term use, generally up to 10 days. Treatment guidelines do not recommend this medication for ongoing or chronic use; the records in this case do not provide a rationale for an exception to this guideline. This request is not medically necessary.