

Case Number:	CM14-0116828		
Date Assigned:	09/16/2014	Date of Injury:	09/26/2006
Decision Date:	12/24/2014	UR Denial Date:	06/25/2014
Priority:	Standard	Application Received:	07/25/2014

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. The expert reviewer is Board Certified in Occupational Medicine, and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 patient is a 54-year-old male who has submitted a claim for left knee pain and depression associated with an industrial injury date of 9/26/2006. Medical records from 2014 were reviewed. The patient complained of low back pain, left upper extremity pain, right elbow pain, and bilateral hip pain. His quality of sleep was poor. The patient reported that Ambien helped him sleep for four to five hours. Physical examination of the lumbar spine showed limited motion, tenderness, tight muscle band, and positive straight leg raise test on the left. Motor exam of right extensor hallucis longus was 4/5 and 4-/5 on the left. Sensation was diminished at the left lower extremity. Knee reflex at the left was rated . Treatment to date has included medications such as Cialis, Miralax, Lidoderm patch, Colace, Pennsaid, Ambien (since February 2014), Norco, Baclofen, Omeprazole, and Gabapentin. The utilization review from 6/25/2014 denied the request for Ambien 10mg, QHS because of no discussion concerning sleep hygiene.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ambien 10mg QHS: 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), Zolpidem (Ambien):

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

Decision rationale: The CA MTUS does not specifically address this topic. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers Compensation, the Official Disability Guidelines (ODG), Pain Section was used instead. The Official Disability Guidelines state that Zolpidem (Ambien) is a prescription short-acting non-benzodiazepine hypnotic, which is approved for short-term usually 2-6 weeks treatment of insomnia. In this case, patient has been on Ambien since February 2014. The patient reports improvement with sleep for four to five hours with medication use. However, he has exceeded the guideline recommendation for the use of Ambien. Furthermore, there was no discussion concerning sleep hygiene. The request likewise failed to specify quantity to be dispensed. Therefore, the request for Ambien 10mg QHS was not medically necessary.