

Case Number:	CM14-0140540		
Date Assigned:	09/10/2014	Date of Injury:	03/25/2014
Decision Date:	10/10/2014	UR Denial Date:	08/21/2014
Priority:	Standard	Application Received:	08/29/2014

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 Physical Medicine and Rehabilitation and is licensed to practice in Nevada. 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 records presented for review indicate that this 62 year-old individual was reportedly injured on March 25, 2014. The mechanism of injury is noted as "removing a lathe chuck from lathe and injuring my back" while working as a tool maker. The most recent progress note, dated August 21, 2014, indicates that there are ongoing complaints of low back pain with a diagnosis of lumbar disc disease. The physical examination is limited and does not provide much detail, and demonstrates improvement in his range of motion. Diagnostic imaging studies reviewed include an MRI of the lumbar spine without contrast, dated May 30, 2014, which showed multilevel disc desiccation and disc bulges, specifically at L4-5, and L5-S1. There is no documentation to suggest previous treatment methods have been utilized. A request had been made for Ambien CR 12.5 mg ER # 30, and was not certified in the pre-authorization process on August 21, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ambien CR 12.5mg ER #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, Pain Procedure Summary.

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

Integrated Treatment/Disability Duration Guidelines; Pain (Chronic) - Ambien (updated 07/10/14).

Decision rationale: MTUS/ACOEM practice guidelines do not address this request; therefore ODG was used. Zolpidem is a prescription short-acting non-benzodiazepine hypnotic, which is approved for the short-term (usually two to six weeks) treatment of insomnia. Proper sleep hygiene is critical to the individual with chronic pain and often is hard to obtain. Various medications may provide short-term benefit. While sleeping pills, so-called minor tranquilizers, and anti-anxiety agents are commonly prescribed in chronic pain, pain specialists rarely, if ever, recommend them for long-term use. Based on the clinical documentation provided, the claimant has not been diagnosed with insomnia and no subjective complaints of insomnia are documented either. With this, the requested medication is not considered medically necessary.