

Case Number:	CM14-0163864		
Date Assigned:	10/08/2014	Date of Injury:	04/22/2002
Decision Date:	11/13/2014	UR Denial Date:	09/30/2014
Priority:	Standard	Application Received:	10/06/2014

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 Family 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:

Patient had a date of injury on 4/22/02. Patient injured his back while picking up a 5-gallon paint bucket. Diagnosis includes: Lumbar discitis, chronic osteomyelitis, lumbar degenerative disc disease. Medications include Hycet, Lyrica, Ambien, Ativan, Desyrel, and Viagra. Patient had back surgery which included L4-L5, L5-S1 left sided decompression on June 18, 2009. Patient had a discogram in June 2010 which caused the patient to have right leg weakness, fevers and chills. An urgent MRI showed an abscess. Patient underwent a L3-4, L4-5 decompression on 11/24/2010.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ambien CR 12.5mg #30 x 11 refills: 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 Other Medical Treatment Guideline or Medical Evidence: Zolpidem

Decision rationale: According to guidelines Ambien is only to be used for short term duration usually two-six weeks. Ambien is used for Insomnia. Ambien should not be used for pain control

as there is a risk that Ambien may increase pain and also cause depression over a long term. Based on the patient's medical records Ambien would not be useful for pain control and other measures should be tried such as sleep hygiene for insomnia.