

Case Number:	CM14-0167770		
Date Assigned:	10/15/2014	Date of Injury:	12/23/2006
Decision Date:	11/18/2014	UR Denial Date:	10/03/2014
Priority:	Standard	Application Received:	10/11/2014

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, has a subspecialty in Interventional Spine 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 42 years old male with an injury date on 12/23/2006. Based on the 09/25/2014 progress report provided by [REDACTED], the diagnoses are: 1. Lumbosacral / Joint / Ligament; sprain/strain 2. Thoracic sprain/strain 3. Hip or Thigh strain 4. Lumbosacral or Thoracic; Neuritis or Radiculitis, unspecified. According to this report, the patient complains of constant 7/10 pain at the right mid back, low back, and buttock. The patient "stretches 3 times a day which improve mobility particularly in the morning." Spasm and tenderness are noted over the right mid back, low back, and buttock. Tenderness (2/4) is noted at L1-S1 and right SI joint. There were no other significant findings noted on this report. The utilization review denied the request on 10/03/2014. [REDACTED] is the requesting provider, and he provided treatment reports from 10/04/2013 to 09/25/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ambien 5mg #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: 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) Mental Illness & Stress Chapter, Insomnia Treatment.

Decision rationale: According to the 09/25/2014 report by [REDACTED] this patient presents with constant 7/10 pain at the right mid back, low back, and buttock. The provider is requesting Ambien 5mg #30. The MTUS and ACOEM Guidelines do not address Ambien; however, ODG Guidelines states that Zolpidem (Ambien) is indicated for short-term treatment of insomnia with difficulty of sleep onset 7 to 10 days. A short course of 7 to 10 days may be indicated for insomnia. Review of medical records indicates the patient has been prescribed Ambien since 10/14/2013. The provider is requesting Ambien #30. The provider does not mention that this is for a short-term use. ODG Guidelines does not recommend long-term use of this medication, recommendation is for denial.