

Case Number:	CM14-0191107		
Date Assigned:	11/24/2014	Date of Injury:	02/05/1999
Decision Date:	01/09/2015	UR Denial Date:	10/31/2014
Priority:	Standard	Application Received:	11/17/2014

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 & Rehabilitation 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:

This case involves a 48 year old male with date of injury 02/05/99. The treating physician report dated 09/14/14 indicates that the patient presents with pain affecting his low back. The physical examination findings reveal abnormal toe and heel walking on the left side and tenderness in the low back. Prior treatment history includes physical therapy, intrathecal pump implantation, medication, and psychiatric care. MRI findings reveal mild clumping of nerve roots at L1-2 and L3-5 fusion appears to be intact; laminectomies from L3-5 and partially in L1; and mild bilateral neural foraminal narrowing at L1-2. EMG study revealed normal limits. The current diagnoses are: Lumbago, thoracic/ Lumbosacral Neuritis/ Radiculopathy, lumbar Disc with Myelopathy Lumbar Intervertebral Disc, and Major Depression. The utilization review report dated 10/31/14 denied the request for Ambien CR 12.5mg #30, Refills: 3 based on guidelines not being met and long treatment plan (which the guidelines do not support).

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 refills: 3: 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), Treatment Index 11th Edition (web) 2014, Pain 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, Insomnia

Decision rationale: The patient presents with low back pain. The Official Disability Guidelines (ODG) states that Zolpidem is approved for the short-term (usually 2 to 6 weeks) for treatment of insomnia. In this case, the treating physician has prescribed a trial of Ambien with 3 refills. ODG states that this medication is to be used for short term treatment with a maximum of 6 weeks usage. The current request is not supported for Ambien CR 12.5mg with 3 refills as ODG only recommends 2-6 weeks maximum usage. Therefore, this request is not medically necessary.