

Case Number:	CM15-0002251		
Date Assigned:	01/14/2015	Date of Injury:	04/03/1998
Decision Date:	03/13/2015	UR Denial Date:	01/05/2015
Priority:	Standard	Application Received:	01/06/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: New York
 Certification(s)/Specialty: Internal Medicine

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 claimant is a 50 yo female who sustained an industrial injury on 04/03/1998. The mechanism of injury was not provided for review. Her diagnoses include chronic low back pain with radiculopathy, myofascial pain, right wrist pain status post carpal tunnel release , right trigger finger release, and neck pain. She continues to complain of low back pain with radiation to the buttocks. On physical exam she ambulates with a limp. There was paravertebral muscle tenderness in the lumbar spine right greater than left and straight leg raise was normal. There were no sensory abnormalities. Treatment has included medical therapy with opiates and epidural steroid injections. The treating provider requested Ambien 5mg #60 on 12/02/14

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective Ambien 5mg #60 DOS: 12/02/14: 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)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Chronic pain, Insomnia

Decision rationale: Ambien is a short-acting nonbenzodiazepine hypnotic indicated for the short-term treatment (two to six weeks) for managing insomnia. Long-term use is not recommended as there are associated risks of impaired function and memory with use more than opioids, as well as Ambien may be habit forming. There is documentation of sleep issues however the claimant is also maintained on Amitriptyline for sleep. There is no indication for 2 medications for treatment of a sleep disturbance. Medical necessity for the requested item has not been established. The requested item is not medically necessary.