

Case Number:	CM15-0012175		
Date Assigned:	01/29/2015	Date of Injury:	06/10/2010
Decision Date:	03/24/2015	UR Denial Date:	12/18/2014
Priority:	Standard	Application Received:	01/22/2015

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: North Carolina, Georgia
 Certification(s)/Specialty: Family Practice

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 injured worker is a male, who sustained an industrial injury on June 10, 2010. The mechanism of injury is unknown. The diagnoses have included lumbar disk disease, lumbar spasms, lumbar radiculopathy and status post anterior and posterior L5-S1 fusion. Treatment to date has included diagnostic studies, surgery and medications. Currently, the injured worker complains of lower back pain with pain down his left leg. He is unable to do manual or physical labor of any kind due to pain. On December 18, 2014, Utilization Review non-certified Ambien 10mg #30 with 3 refills, noting the Official Disability Guidelines. On January 21, 2015, the injured worker submitted an application for Independent Medical Review for review of Ambien 10mg #30 with 3 refills.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ambien 10mg #30 with 3 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-Treatment for Workers' Compensation, Online Edition, Chapter: Pain (Chronic)

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

Decision rationale: The CA MTUS is silent on the use of Ambien. ODG addresses insomnia treatments in the section on pain. ODG states that treatment should be based on the etiology of the insomnia. Pharmacologic agents should be used only after a careful investigation for cause of sleep disturbance. Primary insomnia should be treated with pharmacologic agents while secondary insomnia may be treated with pharmacologic and/or psychological measures. It is important to address all four components of sleep, sleep onset, sleep maintenance, sleep quality and next day function. Ambien is not FDA approved for use greater than 35 days. In this case, the medical records state only that Ambien is used for insomnia. There is no description of any evaluation of the cause of insomnia nor is the response to treatment with Ambien documented. Therefore, there is no documentation of the medical necessity of treatment with Ambien and the UR denial is upheld.