

Case Number:	CM15-0015401		
Date Assigned:	02/03/2015	Date of Injury:	07/01/2004
Decision Date:	03/25/2015	UR Denial Date:	01/21/2015
Priority:	Standard	Application Received:	01/27/2015

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: Texas, Illinois

Certification(s)/Specialty: Preventive Medicine, Occupational 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:

This 67 year old male sustained an industrial injury on 7/1/04. He has been diagnosed of chronic low back pain. The injured worker reports chronic low back pain. An MRI dated 1/25/13 shows abnormalities of the sacral and lumbar spine. Prior treatments include TENS therapy and Norco and Flexeril medications. The UR decision dated 1/21/15 non-certified (Retro DOS: 12/15/14) Ambien 10MG QTY: 30.00. The (Retro DOS: 12/15/14) Ambien 10MG QTY: 30.00 denial was based on CA MTUS and ODG guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

(Retro DOS:12/5/14) Ambien 10 mg: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Chronic pain

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24.

Decision rationale: The injured worker sustained a work related injury on 7/1/04. The medical records provided indicate the diagnosis of chronic low back pain. The injured worker reports

chronic low back pain. An MRI dated 1/25/13 shows abnormalities of the sacral and lumbar spine. Prior treatments include TENS therapy and Norco and Flexeril medications. The medical records provided for review do not indicate a medical necessity for (Retro DOS:12/5/14) Ambien 10 mg #60) . This is a nonbenzodiazepine hypnotic taken 10mg (Males), 5mg(females) once at bedtime daily. The Official Disability Guidelines recommends against the use of this medication for longer than two to six weeks.