MAXIMUS Federal Services

Case Number:	CM15-0115521		
Date Assigned:	07/22/2015	Date of Injury:	12/06/1993
Decision Date:	09/23/2015	UR Denial Date:	06/16/2015
Priority:	Standard	Application Received:	06/16/2015

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, California
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 60-year-old female, with a reported date of injury of 12/06/1993. The mechanism of injury was not indicated in the medical records. The injured worker's symptoms at the time of the injury were not indicated. The diagnoses include lumbosacral spondylosis without myelopathy and thoracic or lumbosacral neuritis or radiculitis. Treatments and evaluation to date have included physical therapy and oral medications. The diagnostic studies to date were not indicated. The progress report dated 04/13/2015 indicates that the injured worker stated that her pain level had been stable since her last visit on 02/16/2015. She had some low back pain with sitting, but stated that the medications helped. The injured worker was able to perform her normal daily activities. Her average pain rating was 2 out of 10.The injured worker complained of low back pain, left lower extremity pain, and right lower extremity pain. It was noted that the pain did not radiate. The injured worker's activity level had increased, and she has completed four physical therapy sessions. The injured worker's quality of sleep was documented as normal. The patient has had no mood swings, and she had normal orientation, memory and judgment. The objective findings include a normal gait, walking without a device, and a normal neurological exam. The injured worker's work status was not indicated. The treating physician requested Ambien 10mg #30. The medication list include Ambien, Celebrex and Oxycontin. The patient's surgical history include knee surgery, lumbar fusion in 2001, fracture repair and CTRA recent detailed psychological/ psychiatric evaluation note of a psychiatrist was not specified in the records provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 prescription of Ambien 10mg #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, Pain (Chronic): Zolpidem (Ambien) (2015).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (updated 09/08/15) Zolpidem is a short-acting nonbenzodiazepine hypnotic.

Decision rationale: Request Prescription of Ambien 10mg #30. The California MTUS/ACOEM Guidelines do not address this medication; therefore, ODG was utilized. According to the cited guideline "Zolpidem is a prescription short-acting nonbenzodiazepine hypnotic, which is approved for the short-term (usually two to six weeks) treatment of insomnia." The injured worker's quality of sleep was documented as normal. The patient has had no mood swings and she had normal orientation, memory and judgment. A detailed history of anxiety or insomnia was not specified in the records provided. A trial of other measures for treatment of insomnia is not specified in the records provided. A detailed evaluation by a psychiatrist for stress related conditions is not specified in the records provided. Per the cited guideline, use of the Zolpidem can be habit-forming, and it may impair function and memory more than opioid pain relievers. The medical necessity of the request for prescription of prescription of Ambien 10mg #30 is not fully established for this patient, given the records provided and the guidelines cited. When discontinuing this medication, it is recommended that it should be tapered over time according to the discretion of the treating provider to prevent withdrawal symptoms. Therefore, the request is not medically necessary.