

Case Number:	CM15-0172071		
Date Assigned:	09/14/2015	Date of Injury:	04/12/2008
Decision Date:	11/17/2015	UR Denial Date:	08/13/2015
Priority:	Standard	Application Received:	09/01/2015

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: Connecticut, California, Virginia
 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 is a 49 year old male with a date of injury on 4-12-08. A review of the medical records indicates that the injured worker is undergoing treatment for chronic left knee and back pain. Progress report dated 7-21-15 reports continued complaints of increasing bilateral back pain radiating into the left buttock and into the left lateral thigh and left lateral calf radicular pain. The urine drug screen from 6-23-15 was consistent with medications. He is currently taking Norco for pain and Ambien to help him sleep. Objective findings: lumbar and ankle range of motion are restricted by pain. There is tenderness on palpation to the left ankle, right knee and lumbar paraspinal muscles. Treatments include: medication, physical therapy, injections, medial branch blocks, nerve ablation and surgery. According to the medical records he has been taking Ambien since at least 3-11-15. Request for authorization dated 8-5-15 was made for Ambien tab 10 mg quantity 30 mg. Utilization review dated 8-12-15 modified the request to certify Ambien 20 mg quantity 20 for the purpose of tapering to cessation by decreasing dosage by 10% every 2-4 weeks (certified duration 3 months to achieve wean).

IMR ISSUES, DECISIONS AND RATIONALES

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

Ambien Tab 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 (ODG), Pain, Insomnia treatment and on the Non-MTUS FDA Drug Safety Communication (01/10/13).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) insomnia, ambien/zolpidem.

Decision rationale: Ambien is indicated for short-term treatment of insomnia. Per the ODG Guidelines for Insomnia, Ambien is indicated for the short-term treatment of insomnia with difficulty of sleep onset (7-10 days). Without further details regarding the treatment plan and reasoning as to why more appropriate long-term treatment modalities are considered ineffective, the request is not considered medically necessary at this time, and weaning is appropriate.