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| Case Number: | CM15-0179317 | | |
| Date Assigned: | 09/21/2015 | Date of Injury: | 04/11/2014 |
| Decision Date: | 11/09/2015 | UR Denial Date: | 08/13/2015 |
| Priority: | Standard | Application Received: | 09/11/2015 |

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: Pennsylvania, Ohio, California
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 40 year old man sustained an industrial injury on 4-11-2014. The mechanism of injury is not detailed. Diagnoses include lumbar spine strain. Treatment has included oral medications. Physician notes dated 7-22-2015 show complaints of lumbar spine pain rated 6 out of 10. The physical examination shows bilateral lower extremity deep tendon reflexes are 2+ out of 4, flexion is 40 degrees out of 60 degrees, extension is 5 degrees out of 25 degrees, left lateral bending is 5 degrees out of 25 degrees, right lateral bending is 5 degrees out of 25 degrees, tenderness to palpation is noted at the bilateral sacroiliac joints and lumbar paravertebral muscles, muscle spasms of the gluteus and lumbar paravertebral muscles, sitting straight leg raise is positive, and Kemp's sign is positive. Recommendations include Prilosec, Ultram, Ambien, and Voltaren. Utilization Review modified a request for Ambien citing. The FDA now requires lower doses and a modified amount is certified to allow time for discussion of different options or tapering.

IMR ISSUES, DECISIONS AND RATIONALES

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

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 (ODG), Pain - Zolpidem.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain/Insomnia Treatment.

Decision rationale: MTUS does not discuss this medication. Official Disability Guidelines/ Treatment in Workers Compensation/Pain/ Insomnia Treatment does discuss Ambien/Zolpidem. This guideline notes that Zolpidem/Ambien is indicated for short-term use, generally up to 10 days. Treatment guidelines do not recommend this medication for ongoing or chronic use; the records in this case do not provide a rationale for an exception to this guideline. This request is not medically necessary.