

Case Number:	CM15-0039440		
Date Assigned:	03/09/2015	Date of Injury:	08/09/1999
Decision Date:	05/18/2015	UR Denial Date:	02/04/2015
Priority:	Standard	Application Received:	03/02/2015

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: New York

Certification(s)/Specialty: Internal Medicine, Pulmonary Disease

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 56 year old male, who sustained an industrial injury on 08/09/1999. He has reported subsequent back, neck and knee pain and was diagnosed with degenerative disc disease, myofascial pain/spasm, cervical spondylosis and left knee pain. Treatment to date has included oral pain medication. In a progress note dated 01/22/2015, the injured worker complained of increased low back, neck and bilateral leg pain. Objective findings were notable for an antalgic gait. The physician noted that the injured worker's sleep quality was poor without Ambien. A request for authorization of Ambien was made.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ambien tab 10 mg, thirty count: 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), Zolpidem (Ambien) Chapter.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Ambien, FDA approved package insert.

Decision rationale: The patient is a 56 year old male with an injury on 08/09/1999. He has neck, back and knee pain. Ambien is FDA approved for only short-term use and there is a recent warning of accumulated blood levels with continued use in a percent of patients; the recommended dose has recently been lowered. It is not FDA approved for long-term use and is not medically necessary for this patient.