

Case Number:	CM15-0063822		
Date Assigned:	04/09/2015	Date of Injury:	09/04/2010
Decision Date:	05/12/2015	UR Denial Date:	03/17/2015
Priority:	Standard	Application Received:	04/03/2015

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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management, 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:

The injured worker is a 51 year old female, who sustained an industrial injury on 09/04/2010. She reported a low back injury. The injured worker is currently diagnosed as having lumbosacral spine herniated nucleus pulposus and anxiety/depression. Treatment to date has included physical therapy, cardio-respiratory diagnostic testing, and medications. In a progress note dated 03/10/2015, the injured worker presented for a follow up for her diabetes, hypertension, and depression. The treating physician reported requesting authorization for Ambien. According to a previous visit note dated 12/8/2014, the injured worker had complaints of insomnia, fatigue, and pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ambien Tab 5mg #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).

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

Decision rationale: ODG recommends a short course of sedative hypnotics such as Ambien for up to 10 days. This request for #30 does not adhere to ODG and the medical records do not describe why Ambien should be prescribed beyond that recommended in the guidelines. This request for Ambien is denied, thus, is not medically necessary.