

Case Number:	CM15-0068921		
Date Assigned:	04/16/2015	Date of Injury:	01/23/2010
Decision Date:	05/15/2015	UR Denial Date:	03/23/2015
Priority:	Standard	Application Received:	04/10/2015

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: Emergency 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 38 year old male sustained an industrial injury to the left hip on 1/23/10. Previous treatment included magnetic resonance imaging, bone scan, left hip arthroscopy with debridement and removal of heterotopic ossification, physical therapy, home exercise and medications. In a progress note dated 1/6/15, the injured worker reported having issues getting and staying asleep due to pain in his back and hip. The injured worker complained of ongoing low back and left hip pain with radiation into the left knee and heel. Physical exam was remarkable for palpable trigger points in the buttocks, lumbar spine and IT band, tenderness to palpation over the retrocalcaneal region and painful lumbar spine range of motion with positive Patrick's, sacroiliac joint compress and Slump tests and decreased strength and sensation to the left lower extremity. Current diagnoses included chronic nonspecific low back pain and left hip impingement syndrome. The treatment plan included functional restoration program evaluation and continuing medications (Percocet and Ambien).

IMR ISSUES, DECISIONS AND RATIONALES

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

Ambien 10 MG (Unspecified Qty): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain (Chronic), (updated 07/10/14), Insomnia Medications.

Decision rationale: The requested Ambien 10 MG (Unspecified Qty), is not medically necessary. CA MTUS is silent. Official Disability Guidelines, Pain (Chronic), (updated 07/10/14), Insomnia Medications note "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 has ongoing low back and left hip pain with radiation into the left knee and heel. The treating physician has documented palpable trigger points in the buttocks, lumbar spine and IT band, tenderness to palpation over the retrocalcaneal region and painful lumbar spine range of motion with positive Patrick's, sacroiliac joint compress and Slump tests and decreased strength and sensation to the left lower extremity. The treating physician has not documented current sleep disturbance, results of sleep behavior modification attempts or any derived functional benefit from its previous use. The criteria noted above not having been met, Ambien 10 MG (Unspecified Qty) is not medically necessary.