

Case Number:	CM15-0076440		
Date Assigned:	04/28/2015	Date of Injury:	11/16/2000
Decision Date:	05/28/2015	UR Denial Date:	04/07/2015
Priority:	Standard	Application Received:	04/21/2015

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 Jersey

Certification(s)/Specialty: Family Practice

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 58 year old man sustained an industrial injury on 11/16/2000. The mechanism of injury is not detailed. Diagnoses include lumbar herniated nucleus pulposus and bilateral knee degenerative joint disease. Treatment has included oral medications. Physician notes on a PR-2 dated 3/23/2015 show complaints of bilateral lower extremity pain with associated sleep disturbance. Recommendations include Norco, Soma, Celebrex, and Ambien.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 prescription of 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), Zolpidem (Ambien).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Mental Illness section, sedative hypnotics and the Pain section, Ambien, and insomnia treatment.

Decision rationale: The MTUS Guidelines do not address the use of sedative hypnotics. However, the ODG states that sedative hypnotics are not recommended for long term use, but may be considered in cases of insomnia for up to 6 weeks duration in the first two months of injury only in order to minimize the habit-forming potential and side effects that these medications produce. In the case of this worker, there was a report that his sleep was interrupted due to his chronic pain, which was why Ambien was then recommended and now requested. However, there was no information provided regarding other methods tried to help improve the worker's sleep. Also, longer durations of use, such as 30 days are only recommended for new injuries and only as it may help the worker recover. In this case the 30 day supply is more than recommended and may lead to dependence and side effects with long-term use, and it has been many years since the injury. Therefore, the request for Ambien will not be considered medically necessary.