

Case Number:	CM15-0078133		
Date Assigned:	04/29/2015	Date of Injury:	10/13/1997
Decision Date:	06/01/2015	UR Denial Date:	04/15/2015
Priority:	Standard	Application Received:	04/23/2015

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

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 October 13, 1997. The injured worker was diagnosed as having radiculopathy, lumbar spondylosis, unspecified neuralgia, neuritis and radiculitis and fibromyalgia and myositis. Treatment and diagnostic studies to date have included injections and medication. A progress note dated March 3, 2015 provides the injured worker complains of low back pain and right knee pain. He rates the pain 7/10 at best and 10/10 at its worst. Physical exam notes lumbar tenderness with painful range of motion (ROM). The gait appears antalgic. There is swelling of the right knee with full but painful range of motion (ROM). The plan includes magnetic resonance imaging (MRI) and medication.

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 (Zolpidem).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official disability guidelines mental illness and stress chapter, zolpidem (Ambien).

Decision rationale: The patient was injured on 04/15/15 and presents with back pain and lower extremity pain. The request is for Ambien 10 MG #30. There is no RFA provided and the patient is permanent and stationary. The patient has been taking this medication as early as 02/18/14. MTUS and ACOEM Guidelines are silent with regard to this request. However, ODG Guidelines, mental illness and stress chapter, zolpidem (Ambien) states, "Zolpidem (Ambien, generic available, Ambien CR) is indicated for short-term use of insomnia with difficulty of sleep onset (7-10 days). Ambien CR is indicated for treatment of insomnia with difficulty of sleep onset and/or sleep maintenance. Long-term studies have found Ambien CR to be effective for up to 24 weeks in adults." The patient is diagnosed with lumbar spine radiculopathy, lumbar spondylosis, unspecified neuralgia/neuritis/radiculitis, and fibromyalgia/myositis. The treater is requesting for 30 tablets of Ambien. ODG Guidelines support the use of Ambien for 7 to 10 days for insomnia. However, the patient has been taking this medication since 02/28/14, which exceeds the 7 to 10 day limit indicated by ODG Guidelines. In this case, this medication has been used on a long-term basis, which is not recommended by ODG Guidelines. Therefore, the requested Ambien is not medically necessary.