

<b>Case Number:</b>	CM15-0097085		
<b>Date Assigned:</b>	05/27/2015	<b>Date of Injury:</b>	04/27/2010
<b>Decision Date:</b>	06/25/2015	<b>UR Denial Date:</b>	04/30/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/19/2015

### 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: North Carolina  
 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:

The injured worker was a 44 year old male, who sustained an industrial injury, April 27, 2010. The injured worker previously received the following treatments random toxicology laboratory studies negative for any unexpected findings on February 4, 2015, Norco, Robaxin and Colace. The injured worker was diagnosed with lumbar sprain and strain with hypertrophy, right lower extremity radiculopathy and disc bulges at L5-S1 and bilateral neuroforaminal stenosis, right sacroiliac joint sprain, constipation and gastrointestinal complaints. According to progress note of April 28, 2015, the injured workers chief complaint was lumbar spine pain. The injured worker was taking Norco and Robaxin helped to control the lower back pain. The injured worker rated the pain at 5 out of 10. The physical exam noted tenderness of the lumbar spine muscles and bilaterally sacroiliac joints. The range of motion was limited. The Gaenslen's test was positive. The treatment plan included prescriptions for Ambien and Risperdal.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**1 prescription for Ambien 10mg #30 with 2 refills: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Mental Illness & Stress: Zolpidem (Ambien).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Ambien.

**Decision rationale:** The California MTUS and the ACOEM do not specifically address the requested medication. PER the ODG: Zolpidem is a prescription short-acting non-benzodiazepine hypnotic approved for the short-term treatment of insomnia. Proper sleep hygiene is critical to the individual with chronic pain. While sleeping pills, so-called minor tranquilizers and anti-anxiety medications are commonly prescribed in chronic pain, pain specialists rarely, if ever, recommend them for long-term use. There is also concern that they may increase pain and depression over the long-term. The medication is not intended for use greater than 6 weeks. There is no notation or rationale given for longer use in the provided progress reports. There is no documentation of other preferred long-term insomnia intervention choices being tried and failed. For these reasons the request is not medically necessary.

**1 prescription for Risperdal #30 with 2 refills: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation PDR, Risperdal.

**Decision rationale:** The California MTUS, ODG and the ACOEM do not specifically address the requested service. The physician desk references states the requested medication is indicated in the treatment of bipolar disorder and schizophrenia. The patient does not have these as primary diagnoses due to industrial incident and therefore the request is not medically necessary.