

Case Number:	CM15-0099424		
Date Assigned:	06/01/2015	Date of Injury:	06/22/2011
Decision Date:	07/07/2015	UR Denial Date:	04/29/2015
Priority:	Standard	Application Received:	05/22/2015

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 66-year-old male, who sustained an industrial/work injury on 6/22/11. He reported initial complaints of back pain. The injured worker was diagnosed as having lumbosacral sprain/strain and displacement of intervertebral disc sided with myelopathy. Treatment to date has included medication and epidural steroid injection. Currently, the injured worker complains of low back pain and difficulty sleeping, otherwise no change in symptoms. Per the primary physician's progress report (PR-2) on 2/2/15, examination revealed tenderness to palpation over the midline of the lower lumbar spine with paralumbar muscle spasms, decreased range of motion, and 5/5 strength in all muscle groups. Current plan of care included to continue meds. The requested treatments include Ambien 10 mg.

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 (ODG), Pain, Zolpidem (Ambien).

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

Decision rationale: The patient presents with lower back pain and insomnia. The request is for Ambien 10mg #30. RFA is dated on 05/22/15. Regarding work status, the treater states that the patient "may work with restrictions beginning immediately." Per 01/13/15 progress report, the patient "also has difficulty with sleeping improved with Ambien." ODG guidelines, Drug Formulary, have the following regarding Ambien for insomnia: "Zolpidem (Ambien (generic available), Ambien CR is indicated for the short-term treatment 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. Longer-term studies have found Ambien CR to be effective for up to 24 weeks in adults." In this case, the patient has been suffering from insomnia for which this medication may be indicated. However, there is no indication that this medication is to be used for a short-term basis. The ODG guidelines support only short-term use of this medication, in most situations no more than 7-10 days. The review of the reports shows that the patient has been utilizing Ambien prior to 01/13/15, which exceeds what is allowed by ODG guidelines. The request is not medically necessary.