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## Independent Medical Review Final Determination Letter

236

[REDACTED]  
[REDACTED]  
[REDACTED]

Dated: 12/30/2013

<b>IMR Case Number:</b>	CM13-0013165	<b>Date of Injury:</b>	10/02/2012
<b>Claims Number:</b>	[REDACTED]	<b>UR Denial Date:</b>	07/15/2013
<b>Priority:</b>	STANDARD	<b>Application Received:</b>	08/19/2013
<b>Employee Name:</b>	[REDACTED]		
<b>Provider Name:</b>	[REDACTED] MD		
<b>Treatment(s) in Dispute Listed on IMR Application:</b>			
I. AMBIEN 10MG #30			

DEAR [REDACTED]

MAXIMUS Federal Services has completed the Independent Medical Review (“IMR”) of the above workers’ compensation case. This letter provides you with the IMR Final Determination and explains how the determination was made.

Final Determination: OVERTURN. This means we decided that all of the disputed items/services are medically necessary and appropriate. A detailed explanation of the decision for each of the disputed items/services is provided later in this letter.

The determination of MAXIMUS Federal Services and its physician reviewer is deemed to be the Final Determination of the Administrative Director of the Division of Workers’ Compensation. This determination is binding on all parties.

In certain limited circumstances, you can appeal the Final Determination. Appeals must be filed with the Workers’ Compensation Appeals Board within 30 days from the date of this letter. For more information on appealing the final determination, please see California Labor Code Section 4610.6(h).

Sincerely,

Paul Manchester, MD, MPH  
Medical Director

cc: Department of Industrial Relations, [REDACTED]

## HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine and is licensed to practice in California. 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 physician 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/services.

### DOCUMENTS REVIEWED

The following relevant documents received from the interested parties and the documents provided with the application were reviewed and considered. These documents included:

- [REDACTED]
- [REDACTED]
- [REDACTED]
- [REDACTED]

### CLINICAL CASE SUMMARY

The physician reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The IMR application shows the patient with the 9/20/11 injury is disputing the 8/8/13 UR decision. The 8/8/13 UR decision is by [REDACTED] and is denying Ketoprofen cream, a Toradol injection and DepoMedrol trigger point injection. Despite the denied items on the UR letter, I am asked to review for Ambien, Duexis, a TENS 2-month rental and x-rays of the lumbar spine and hips. These items appear to have been requested by Dr [REDACTED] on her 6/27/13 report. Dr [REDACTED] notes the patient is a 49-YO, 6'1", 201 lbs, male with low back and severe left hip pain from a fall on 10/2/12. He has been depressed since 12/2012 and became suicidal without medical help.

### IMR DECISION(S) AND RATIONALE(S)

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

#### **1. Ambien 10mg, #30 is medically necessary and appropriate.**

The Claims Administrator based its decision on the American College of Occupational and Environmental Medicine (ACOEM) Practice Guidelines, which is part of the MTUS.

The Physician Reviewer based his/her decision on the Official Disability Guidelines (ODG), TWC guidelines, Chronic Pain, Chapter online, Zolpidem, which is not part of the MTUS.

The Physician Reviewer's decision rationale: ODG guidelines state Ambien is for short-term use, 2-6 weeks for insomnia. The records show it was initially prescribed on 6/27/13, but UR denied it because the physician did not mention sleep problems on that visit. The follow-up report on 8/14/13, it was noted that the patient had difficulty with sleeping and that the Ambien had helped. With the new information, the Ambien prescribed on 6/27/13 meets ODG guidelines.

Disclaimer: MAXIMUS is providing an independent review service under contract with the California Department of Industrial Relations. MAXIMUS is not engaged in the practice of law or medicine. Decisions about the use or nonuse of health care services and treatments are the sole responsibility of the patient and the patient's physician. MAXIMUS is not liable for any consequences arising from these decisions.

[REDACTED]

CM13-0013165