

Case Number:	CM13-0011705		
Date Assigned:	03/26/2014	Date of Injury:	06/18/2003
Decision Date:	04/29/2014	UR Denial Date:	08/09/2013
Priority:	Standard	Application Received:	08/15/2013

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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Pain Management, and is licensed to practice in Texas. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 patient is a 70-year-old who reported an injury on June 18, 2003, and the mechanism of injury was not provided in medical records. The patient continues to have chronic neck and back pain since the injury. The current diagnosis is lumbaigia and cervicalgia. The patient prior treatment for pain is medications to include Celebrex, Lidoderm patch, and Voltaren gel. The patient's current level of pain was 3/10 in the low back area. The current treatment plan is for medication change Ambien 5 mg tablets (Zolpidem tartrate) one at bedtime as need for insomnia.

IMR ISSUES, DECISIONS AND RATIONALES

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

AMBIEN: 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 Official Disability Guidelines (ODG) Medications, Zolpidem (Ambien®).

Decision rationale: The Official Disability Guideline(ODG) indicate zolpidem is a prescription short-acting nonbenzodiazepine hypnotic, which is approved for the short-term (usually two to six weeks) treatment of insomnia. Proper sleep hygiene is critical to the individual with chronic

pain and often is hard to obtain. Various medications may provide short-term benefit. While sleeping pills, so-called minor tranquilizers, and anti-anxiety agents are commonly prescribed in chronic pain, pain specialists rarely, if ever, recommend them for long-term use. They can be habit-forming, and they may impair function and memory more than opioid pain relievers. There is also concern that they may increase pain and depression over the long-term. The clinical documentation provided fails to address if the patient is having issues with insomnia and why he would require the medication. The request also fails to provide the dosage amount, how often and the quantity. The request for Ambien is not medically necessary or appropriate.