

Case Number:	CM13-0020105		
Date Assigned:	06/06/2014	Date of Injury:	11/21/2012
Decision Date:	07/29/2014	UR Denial Date:	08/16/2013
Priority:	Standard	Application Received:	09/04/2013

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 Occupational Medicine and is licensed to practice in Hawaii. 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 36-year-old male employee with a date of injury of 11/21/2012. A review of the medical records indicate that the patient is undergoing treatment for chronic pain, cervical pain, and lumbar facet syndrome. Subjective complaints (12/6/2013) include back pain radiating to thigh, 8/10 pain. Objective findings (12/6/2013) include patient appearing to be in mild to moderate pain, normal gait, cervical tenderness, restricted range of motion of lumbar, and negative straight leg test. The treatment has included pain education/coping skills group (unknown number of sessions), docusate 25mg, cymbalta 30mg, trazadone 75mg, Celebrex 100mg norco 10/325mg, ambien 5mg (stated in 8/2013), lisinopril/HTCZ 20/12.5mg, Lyrica 75mg, chiropractic sessions, and physical therapy. A utilization review dated 8/16/2013 non-certified a request for ambien 5mg #20 due concerns over chronic use and dependence.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ambien 5mg #20: 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).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain (Chronic), Insomnia Treatment, Zolpidem (Ambien®).

Decision rationale: The CA MTUS is silent regarding Ambien. The Official Disability Guidelines (ODG) states that Ambien (zolpidem) is a prescription short acting non-benzodiazepine hypnotic, which is approved for short-term treatment of insomnia. In this case, the patient has been taking this medication for his initial month trial and notes in an appeal letter that the Ambien helps with the patients sleep but detailed are not well defined. In medical documents, there has been no discussion of the patient's sleep hygiene or the need for variance from the guidelines, such as "a) Wake at the same time everyday; (b) Maintain a consistent bedtime; (c) Exercise regularly (not within 2 to 4 hours of bedtime); (d) Perform relaxing activities before bedtime; (e) Keep your bedroom quiet and cool; (f) Do not watch the clock; (g) Avoid caffeine and nicotine for at least six hours before bed; (h) Only drink in moderation; & (i) Avoid napping." The ODG additionally states "The specific component of insomnia should be addressed: (a) Sleep onset; (b) Sleep maintenance; (c) Sleep quality; & (d) Next-day functioning." Medical documents provided do not detail these components. While the Ambien was tried and did improve sleep, the ODG guidelines specifically caution against long term usage. Of note, no medical documents indicate is any other attempts to address or promote sleep hygiene was made, whether in conjunction with or without Ambien. Daytime routine, caffeine usage, nighttime routine, etc are important aspects and are not documented at all in the medical records. As such, the request for Ambien is not medically necessary at this time.