

Case Number:	CM13-0030792		
Date Assigned:	11/27/2013	Date of Injury:	11/02/2004
Decision Date:	02/18/2014	UR Denial Date:	09/09/2013
Priority:	Standard	Application Received:	10/01/2013

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 Family Practice 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. 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 37-year-old injured worker who reported an injury on 11/02/2004 when they were transferring a resident from the bed to a wheelchair and felt pain in their mid low back. The patient has undergone an anterior lumbar discectomy and decompression in 2011 (the level was not documented). The patient was most recently seen on 11/27/2013 for complaints of headaches which occur about twice weekly. The patient stated that they have trouble sleeping, especially falling asleep. The patient takes Ambien 10 mg at bedtime, whereupon, it takes them about 30 minutes to fall asleep. With Ambien, it works; however, it does make the patient sleep in the morning, which makes it hard for them to drive their children to school.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pharmacy purchase Zolpidem Tartrate 10mg, quantity 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).

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

Decision rationale: The Official Disability Guidelines (ODG), states that Zolpidem is a prescription short-acting non-benzodiazepine hypnotic, which is approved for the short-term (usually 2 to 6 weeks) treatment of insomnia. Proper sleep hygiene is critical to the individual with chronic pain and often is hard to obtain. In the case of this patient, the documentation notes that she has been taking Ambien since at least 11/2013. The patient has been utilizing this medication beyond the 2 to 6 week range recommended by ODG. The Official Disability Guidelines state that 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. Therefore, with the documentation indicating that the patient has been utilizing this medication for over 2 months, the continuation of its use cannot be warranted at this time as the patient has been utilizing it longer than recommended by the Official Disability Guidelines. The request for Pharmacy purchase Zolpidem Tartrate 10mg, quantity 30, is not medically necessary and appropriate.