

Case Number:	CM13-0039284		
Date Assigned:	12/18/2013	Date of Injury:	04/19/2010
Decision Date:	03/05/2014	UR Denial Date:	09/27/2013
Priority:	Standard	Application Received:	10/04/2013

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 Occupational Medicine 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 57-year-old male with date of injury April 19, 2010. His current primary treating physician is [REDACTED]. On September 20, 2013, [REDACTED] assigned the patient the following diagnoses: 1. Lumbar discogenic pain, 2. Lumbar facet arthropathy, 3. Right L5 on S1 radiculopathy confirmed by electrodiagnostic testing. On that day, subjective findings were ongoing low-back pain radiating to the right leg. Objective findings were as follows: He is a pleasant and cooperative male, in no acute distress. He stands forward flexed at the waist. He has an increased lordosis, He is tender to palpation diffusely in the L-5-S1 paraspinal. Lumbosacral spine range of motion is within functional limits. Motor strength is 5/5 throughout, Sensation is intact. Slump test is negative bilaterally, The patient's current drug regimen is Oxycontin 20 mg po tid, Percocet 10/325 po q 4-6 hours prn, and Ambien 10 mg po qhs. The patient has documented use of all three medications back to 09/25/2012. The patient is taking both time-release and immediate-release prescriptions Oxycodone.

IMR ISSUES, DECISIONS AND RATIONALES

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

. **Ambien 10 mg po qhs qty: 30.00:** Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 75, 78-80. 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), Zolpidem (Ambien).

Decision rationale: The Physician Reviewer's decision rationale: Zolpidem (Ambien®) is a prescription short-acting non-benzodiazepine 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.