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| Case Number: | CM13-0045474 | | |
| Date Assigned: | 12/27/2013 | Date of Injury: | 02/03/2000 |
| Decision Date: | 06/03/2014 | UR Denial Date: | 10/24/2013 |
| Priority: | Standard | Application Received: | 11/12/2013 |

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 & Rehabilitation 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 applicant is a 55 year old female with a reported date of injury of 02/03/00. The mechanism of injury was noted to be lifting heavy objects. The current diagnoses are lumbago, cervicgia, carpal tunnel syndrome, and cervical degenerative disease. The applicant has reportedly undergone treatment including a right carpal tunnel release on 11/20/06, a left carpal tunnel release in 2002, cervical fusion at C5-6 in 1985, physical therapy, TENS, and medication management. In the most recent clinical note available dated 12/12/13 by [REDACTED], it is noted that the patient has ongoing back pain, chronic neck, shoulder, and generalized myofascial pain issues. It is noted that the applicant's back pain is generalized, located on both sides, thoracic region, lumbar region, and neck. The severity of the back pain is noted to be moderate. The back pain fluctuates in intensity and is worsening and sleep is worse now that the applicant is off Ambien. The current medications listed are Ambien 10mg, Oxycontin 10mg extended release, and Voltaren topical gel 1%. The patient was noted to have worked last in 2010.

IMR ISSUES, DECISIONS AND RATIONALES

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

30 AMBIEN 10MG: 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, AMBIEN (ZOLPIDEM).

Decision rationale: In the clinical note of 12/12/13, the treating physician notes that the applicant is taking Ambien for sleep, and that now that she is off the medication her back pain and sleep is worse. There is no additional documentation provided of other modalities or medications that have been tried for sleep. CA MTUS does not specifically address Ambien. Official Disability Guidelines note that Ambien (zolpidem) is a prescription short-acting non-benzodiazepine hypnotic, which is approved for the short-term (usually two to six weeks) treatment of insomnia. While sleeping pills, 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, based on the clinical documentation submitted for review, the request for Ambien 10 mg #30 cannot be recommended as medical necessary at this time.