

Case Number:	CM13-0053037		
Date Assigned:	01/15/2014	Date of Injury:	06/19/2002
Decision Date:	06/13/2014	UR Denial Date:	11/09/2013
Priority:	Standard	Application Received:	11/18/2013

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 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 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:

This is a 65-year-old male who has reported low back pain after an injury on 06/19/02. He has been diagnosed with lumbar degenerative joint disease and chronic pain syndrome. Treatment has included chronic habituating and psychoactive medications, including Ambien CR and OxyContin 20 mg. Other treatment has included H-Wave therapy, epidural steroid injection, physical therapy, and chiropractic. At each of the monthly visits with the prescribing physician during 2013, there is mention of ongoing Oxycodone and Ambien. There is no discussion of the failed drug test, or the specific indications for Ambien. A urine drug screen on 7/1/13 did not show any Oxycodone. Pharmacy records show monthly fills of these two medications. On 10/1/13 and 10/29/13 the medical reports show the usual, apparently template information, and list refills of the same medications. On 11/9/13 Utilization Review non-certified Ambien CR. This decision was appealed for Independent Medical Review.

IMR ISSUES, DECISIONS AND RATIONALES

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

AMBIEN CR 12.5MG, #15: 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) Pain chapter, Insomnia.

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, Insomnia.

Decision rationale: The MTUS does not provide direction for the use of hypnotics. The Official Disability Guidelines recommend the short term use of hypnotics like Zolpidem, discuss the significant side effects, and note the need for a careful evaluation of the sleep difficulties. Particular caution is necessary in the elderly. This injured worker has been prescribed this hypnotic for months or years. There is no documentation of an adequate evaluation of the sleep disorder. There is no discussion in any of the available reports of the specific indications for Ambien, the nature of any sleep disturbance, or how this medication is used. Other medications known to cause sleep disorders, such as opioids, were not discussed by the treating physician in the context of insomnia. The use of any habituating and psychoactive substance in a patient who fails a drug test is of concern, and this was not addressed by the treating physician. Zolpidem is not medically necessary based on prolonged use contrary to guideline recommendations, lack of ongoing evaluation of results of use, and lack of sufficient evaluation of what presumably is a sleep disorder.