

Case Number:	CM13-0071485		
Date Assigned:	01/08/2014	Date of Injury:	08/16/2005
Decision Date:	05/30/2014	UR Denial Date:	11/29/2013
Priority:	Standard	Application Received:	12/27/2013

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 and 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 injured worker is a 53 year old male who reported an injury on 08/16/2005. The mechanism of injury was not reported within the medical records. Per the 10/23/2013 clinical note, the injured worker reported neck and low back pain rated at 8-9/10 with numbness and tingling in the upper and lower extremities. Physical exam findings included tenderness to palpation to the cervical, thoracic, and lumbar paraspinals with spasms noted. The injured worker had decreased range of motion of the cervical and lumbar spine, decreased sensation in the left L3, L4, L5, and S1 dermatomes, and 3/5 strength in the lower extremities. The injured workers medication regimen included Percocet, Flexeril, Omeprazole, Docuprene, and Ambien. The request is for Ambien 5mg. The request for authorization form was not present in the medical record.

IMR ISSUES, DECISIONS AND RATIONALES

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

AMBIEN 5MG #15: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG TWC 2013 Pain Zolpidem (Ambien)

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

Decision rationale: The request for Ambien 5mg #15 is not medically necessary. The Official Disability Guidelines state Zolpidem (Ambien) is approved for the short-term (usually two to six weeks) treatment of insomnia. 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. The efficacy of the medication is unclear within the medical records. The medical records provided show this is an ongoing prescription for over 6 weeks; the guidelines do not support the long-term use of Ambien. As such, the request is not medically necessary and appropriate.