

Case Number:	CM14-0001572		
Date Assigned:	01/22/2014	Date of Injury:	01/12/2006
Decision Date:	06/25/2014	UR Denial Date:	12/16/2013
Priority:	Standard	Application Received:	01/02/2014

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, has a subspecialty in Pain 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:

The injured worker is a 40-year-old male who reported an injury on 01/12/2006. The mechanism of injury was not provided in the documentation. Per the clinical note dated 11/26/2013 the injured worker reported decreased sleep. Per the clinical note dated 12/24/2013, the injured worker continued to report bilateral low back pain, right worse than left with right buttock pain. The injured worker was noted to have had an artificial disc replacement at L5-S1 in 12/2007. On examination, there was tenderness on palpation of the lumbar paraspinal muscles overlying the right L3-S1 facets and the right sacroiliac joint. Lumbar ranges of motion were restricted by pain in all directions. Lumbar extension was worse than lumbar flexion. Lumbar discogenic and facet joint provocative maneuvers were positive. Sacroiliac provocative maneuvers, Gaenslen's, Patrick's maneuver, S1 compression and Yeoman's were all positive on the right. Pressure at the sacral sulcus was positive bilaterally. Nerve root tension signs were negative bilaterally, except the straight leg raise was positive on the right. Muscle strength reflexes were 2 and symmetric bilaterally in all limbs. Muscle strength was 5/5 in all limbs, except 4/5 in the right quadriceps, tibialis anterior, and extensor hallucis longus. The injured worker was also reported to have had a fluoroscopically guided diagnostic positive right sacroiliac joint injection on 08/29/2013. The diagnoses for the injured worker were reported to include right sacroiliac joint pain, L5-S1 artificial disc, lumbar disc protrusion, lumbar stenosis, lumbar degenerative disc disease, lumbar facet arthropathy, lumbar facet joint pain at the right L3-S1, and lumbar sprain/strain. The request for authorization for medical treatment was dated 12/09/2013. The provider recommended Ambien 10mg to increase the injured worker's sleep duration.

IMR ISSUES, DECISIONS AND RATIONALES

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

AMBIEN 10 TAKE 1/2 TAB PO EVERY HS PRN SLEEP: 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, Zolpidem.

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

Decision rationale: Per the Official Disability guidelines Zolpidem is a prescription short-acting nonbenzodiazepine hypnotic, which 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. In laboratory studies, 15% of women and 3% of men who took a 10-milligram dose of Ambien had potentially dangerous concentrations of the drug in their blood eight hours later. Even at the lower dose of Ambien CR now recommended by the FDA, 15% of women and 5% of men still had high levels of the drug in their system in the morning. There is also concern that these medications may increase pain and depression over the long-term. Per the documentation the injured worker reported decreased sleep while he was prescribed this medication at the full 10mg dose. The provider requested the continuation of the medication as he indicated it provided the injured worker with an additional 4 hours of sleep per night with maintenance of his activities of daily living such as self-care and dressing. The injured worker has been prescribed the medication since at least 03/2013 which exceeds the guideline recommendation for short term use. In addition, the submitted request did not specify the quantity being requested. Therefore, the request for Ambien 10 take ½ tab po every HS PRN sleep is not medically necessary and appropriate.