

Case Number:	CM14-0002444		
Date Assigned:	03/03/2014	Date of Injury:	07/01/1997
Decision Date:	06/16/2014	UR Denial Date:	01/06/2014
Priority:	Standard	Application Received:	01/07/2014

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 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 patient is a 40 year old female injured on 01/01/97 as a result of repetitive lifting of containers estimated up to 50 lbs. resulting in low back, neck, and left knee pain. The patient's injuries have been managed conservatively and she remains on modified work status. Diagnosis includes degenerative spondylosis of the cervical and lumbar spine. The most recent documentation indicates the patient complains of migraines averaging 2 per week with decrease in pain utilizing Maxalt, Naprosyn, and Pristiq. Medications allow the patient to use less shorter acting pain medications and increase physical function. Current medications include Percocet, Neurontin, Pristiq, Naprosyn, Lidoderm patches, Maxalt MLT, and Ambien.

IMR ISSUES, DECISIONS AND RATIONALES

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

AMBIEN CR 12.05MG QTY: 20.00: 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), Treatment For Worker's Compensation, 11th Edition 2013, Pain Chapter (10/18/13), 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), Online Version, Pain (Chronic), Zolpidem (Ambien®).

Decision rationale: As noted in the Pain (Chronic) of the Official Disability Guidelines (ODG), online version, Ambien is approved for the short-term (usually two to six weeks) treatment of insomnia. Pain specialists rarely, if ever, recommend it for long-term use. Ambien can be habit-forming, and may impair function and memory more than opioid pain relievers. There is also concern that it may increase pain and depression over the long-term. The patient has been utilizing this medication on a long-term basis, exceeding the recommended 2-6 week window of use. As such, the request for Ambien CR 12.05MG QTY: 20.00 cannot be recommended as medically necessary.