MAXIMUS Federal Services

Case Number:	CM14-0002460		
Date Assigned:	01/24/2014	Date of Injury:	09/06/2000
Decision Date:	06/20/2014	UR Denial Date:	12/30/2013
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 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 56 year old male patient with a date of injury on 9/6/2000. He was twisting a 24 inch water main when heard a pop in his mid back and had immediate lower back pain that he thought was muscular. He was diagnosed with thoracic disc rupture. On 06/20/2002, he had surgery to the C-spine with anterior cervical discectomy and fusion with instrumentation at C5-6. On 12/2004, he had T-spine surgery with the removal of the 6th rib and discectomy at T6-7. Patient still had burning, severe right chest pain, back pain, shortness of breath and pinching feeling in the right chest. He had 18 injections for these problems in the neck and the back, which have given only temporary relief for 5-14 days. On 01/14/2009 office visit he reported that had 24/7 chest pain at level 8-10. It is relieving with lying down and also raising his right arm. Pain got worst with sitting, walking exertion exercising and increased breathing. He had the same complains with the lower back. He also complained of headache. On physical examination ROM of shoulder is restricted with abduction to 140 degrees bilaterally, internal rotation to 28 degrees. On a 01/10/2013 office visit, the patient had chronic pain in the lumbar region and taking a refill for Ambien 12.5 mg nightly and Vicodin 5/500 daily. There is documentation of a previous adverse determination on 12/30/2013, because Ambien is intended for short term use, and recommendations are to restrict use to no more then 6 weeks. The patient has been using Ambien since 01/10/2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

AMBIEN CR 12.5MG #30: 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, 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 chapter, Ambien

Decision rationale: The CA MTUS does not address this issue. ODG and the FDA state that Ambien is approved for the short-term (usually two to six weeks) treatment of insomnia. Additionally, pain specialists rarely, if ever, recommend Ambien for long-term use. The patient presented with chronic pain in the lumbar spine. He had several lumbar surgeries, thoracic surgeries, and complains of chronic pain. On 01/19/2013, Ambien 12.5 mg was prescribed nightly. However, Ambien is not recommended for long-term use, because of habit formation, impairment of memory. In addition, the patient's response to Ambien treatment was not documented; it is unclear whether it changed the quality and duration of sleep. Therefore, the request for AMBIEN CR 12.5MG #30 was not medically necessary.