

Case Number:	CM14-0003001		
Date Assigned:	01/29/2014	Date of Injury:	07/11/2002
Decision Date:	06/19/2014	UR Denial Date:	12/09/2013
Priority:	Standard	Application Received:	01/08/2014

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 Family Practice 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 62-year-old male who reported an upper and lower back injury from a fall on 01/11/2002. Within the clinical note dated 03/19/2013 the prescribed medication list included Ambien 5 mg, Neurontin 300mg, Robaxin 500mg, Lidoderm Patch, and Actos 15mg. The injured worker reported his quality of sleep was poor. The clinical note dated 01/08/2014 reported the injured worker had an increase in pain since the previous clinical visit and his quality of sleep was poor. The prescribed medication list included Neurontin 300mg, Lidoderm Patch, Robaxin 750mg, Ibuprofen 600mg, Actos 15mg, ASA 325mg, Chlorheniramine 4mg, Cozar 25mg, Flucosamine 900mg, Glyburide 5mg, HCTZ 25mg, Hydroxine Pamoate 25 mg, Levothyroxine 125mcg, Lovastatin 20mg, and Metformin 1000mg. The request for authorization was dated 07/31/2013.

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 OFFICIAL DISABILITY GUIDELINES ODG-PAIN (CHRONIC) (UPDATED 11/14/13) 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), PAIN, ZOLPIDEM.

Decision rationale: The Official Disability Guidelines (ODG) recommends Zolpidem as a short-acting non-benzodiazepine hypnotic, which is approved for the short-term (usually two to six weeks) treatment of insomnia. Proper sleep hygiene is critical to the individual with chronic pain and often is hard to obtain. Various medications may provide short-term benefit. 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. Given the injured worker has a documented utilization of Ambien for a prolonged time; the request exceeds the guideline recommendation for duration of usage. The efficacy of the medication was unclear within the provided documentation. Thus, the request is non-certified.